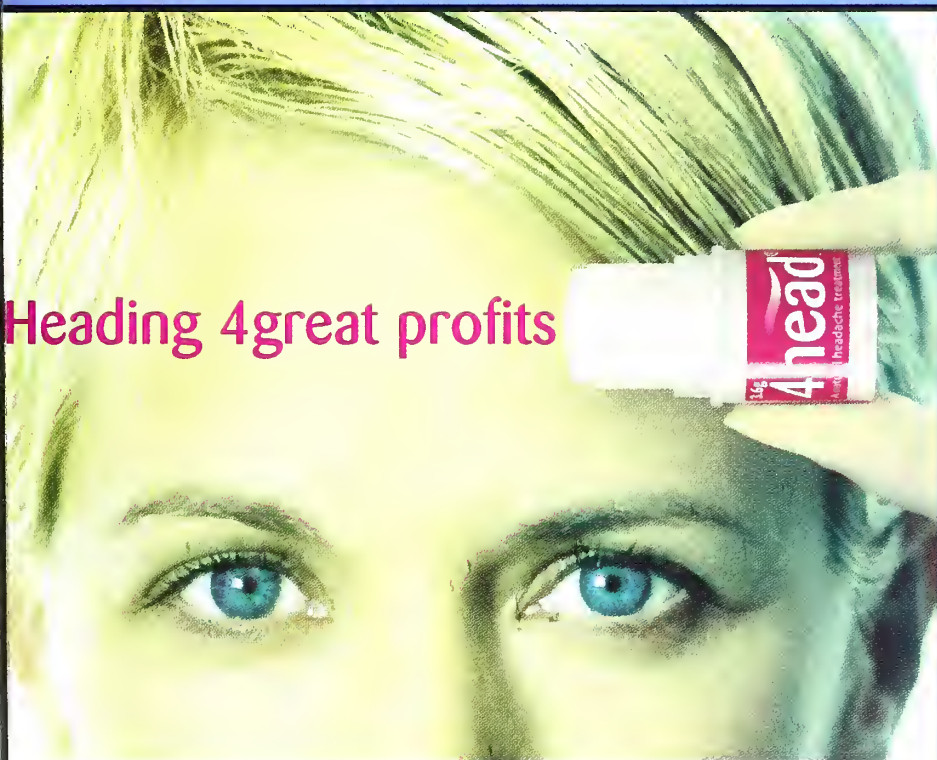




19 April 2003

Heading 4great profits



New 4head is perhaps the most exciting new medicine to hit the OTC analgesic market in years.

Unlike most headache treatments, 4head is applied directly to the forehead for fast, effective relief - right where it hurts - avoiding the prospect of side effects associated with many oral analgesics. 4head is a natural medicine and can be applied as required.

4head - It's not just great for headache sufferers - it's a fantastic new way to boost sales too.



levomenthol
Natural headache relief - without pills

Ulster 'makes it better' for employees

Veterinary POM monopoly to be broken

Pharmacists' pay is up 5.1pc says IPMI

RPSGB - who's going to get your vote?





GlaxoSmithKline

Add a little H₂O H H H H

Zantac 75® is now available as Zantac 75® Dissolve. Quickly turning into a cool, clear and soothing drink when added to water, Zantac 75® Dissolve is a refreshing new way to relieve heartburn all day or all night. And by suppressing the production of excess stomach acid, Zantac 75® Dissolve can even prevent a heartburn attack from happening.



A clear way to help them be heartburn free

Product Information Zantac 75 Dissolve

Indication: Each effervescent tablet contains 75mg ranitidine. **Uses:** Symptomatic relief of heartburn, indigestion, acid indigestion and acidity and their prevention when associated with consuming food or drink. **Dosage and Administration:** Adults and children aged 16 and over: *Relief:* one tablet dissolved in water as needed. *Prevention:* one tablet dissolved in water half to one hour beforehand. No more than four tablets should be taken in any 24-hour period. **Contraindications:**

Hypersensitivity. **Precautions:** Maximum 14 days continuous use at any one time. Should not be taken by patients with the following without professional advice: phenylketonuria, renal or hepatic impairment; patients under regular medical supervision/suffering from any other illness/taking medication; patients middle aged or older with new or recently changed symptoms of indigestion, patients with unintended weight loss; patients taking NSAIDs; porphyria, pregnancy, breast feeding. **Side Effects:** Generally well tolerated. Rarely hepatic

disturbances, acute pancreatitis, blood dyscrasias, hypersensitivity reactions (including anaphylaxis, bradycardia, A-V block, myocardial infarction, dizziness, confusion, depression, hallucinations, involuntary movements, rash, vasculitis, alopecia, arthralgia, myalgia, impotence and breast swelling/discomfort in men). **Legal Category:** P. **Retail Selling Price:** 24's £7.89. **Product Licence Number:** PL 13949/0344. **Licence Holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS. **Date of Preparation:** March 2003.

Kill two birds with one tube

Indications:

Itch Relief Cream

For the relief of itching associated with

eczema, allergic reactions, insect bites, sunburn, etc.

Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

• Itch Relief Cream is also suitable for use on

the following conditions:

• Contact dermatitis

• Atopic dermatitis

• Allergic reactions

• Insect bites

• Sunburn

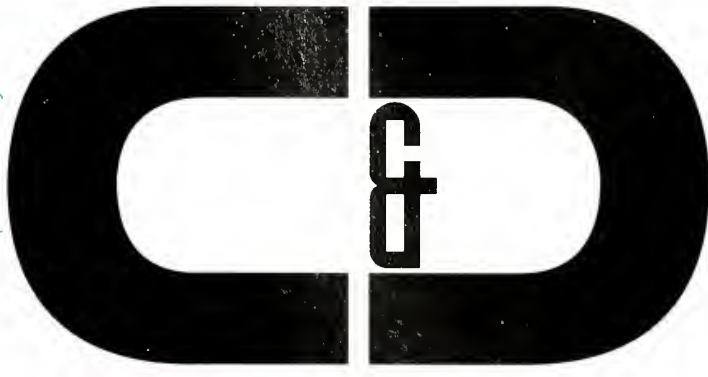
Itch Relief Cream

Lauromacrogols, urea

DERMATOLOGICAL



If there's one thing people with dry, itchy skin need, it's two things. E45 Itch Relief Cream offers both. Lauromacrogols have a local anaesthetic effect to relieve the itch and moisturises the skin. What could be more simple? **It's an easy way to manage eczema patients.**



Editor
Charles Gladwin, MRPharmS

News Editor
Gary Paragun, MRPharmS

Business Editor
Saša Jankovic

Clinical Editor
Vanessa Sherwood, MRPharmS

Contributing Editor
Adrienne de Mont, FRPharmS

Marketing Editor
Sarah Thackeray

Production Editor
Fay Jones, BA

Group Production Sub Editor
Richard Coombs

Editorial secretary
Jan Powis
Editorial (tel): 01732 377487;
(fax): 01732 367065;
chemdrug@cmpinformation.com

Price List
Colin Simpson (Controller),
Darren Larkin, Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559

Group Sales Manager
Quentin Soldan

Circulation Manager
Mark Walley

Classified Executive
Debra Thackeray

Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377621;
(fax): 01732 377179

Objects and Price Service Manager
Patrick Grice, MRPharmS

Pharmacy Projects
Mary Prebble
01732 377269

Production
Katrina Avery

Publishing Director
Fergus Wilson

MP Information Ltd
Chemist & Druggist incorporating Retail
Chemist, Pharmacy Update and Beauty
Counter

Published Saturdays by
MP Information Ltd,
Ereign Way,
Maidstone, Kent TN9 1RW

Read on the internet at
http://www.dotpharmacy.com/

Prescriptions (Home) £155 per annum;
Glasgow & Eire) £369 per annum including
 postage, £2.60 per copy (postage extra)
 Additional Price List £100 per annum

Circulation and subscription:
MP Information Ltd, Tower House,
Ereign Park, Lathkill St, Market
Borough, Leics. LE16 9EF
Telephone: 01858 438809
Fax: 01858 434958

Orders on cancelled subscriptions will only be
 voided at the publisher's discretion, unless
 officially guaranteed within the terms of
 subscription offer

Editorial photos used are courtesy of the
 suppliers whose products they feature

This Week

Pharmacy strategy proposes incentives 6

Employee pharmacists involved in delivering extended services from a community pharmacy business should be offered incentives to do so says the consultation paper on the strategy for Northern Ireland

End in sight for vets' prescription monopoly 7

Consumers are paying too much for prescription medicines for their pets, says the Competition Commission in its report on the supply of veterinary Prescription Only Medicines



Formula One team's new partner 7

GlaxoSmithKline is sponsoring Frank Williams's (pictured) BMW Williams F1 team to carry NRT branding in a Grand Prix first

Threshold pay request rejected 8

The Department of Health has rejected PSNC's request for reinstatement of the period of treatment fee from April

Salaries on the up, IPMI survey finds 9

Average salaries rose by 5.1 per cent last year, beating the 3 per cent forecast, according to the Institute of Pharmacy Management International

Global market must be 'more accountable' 12

Pharmaceutical companies could face pressure from shareholders over the next few years as new accountancy rules and a challenging global marketplace force greater accountability

Pharmacy Law

Ringling and spinning 21

Vanessa Sherwood MRPharmS looks at the problems of tinnitus and vertigo



16

Features

Business matters: managing staff 16

In Dr Terry Maguire's sixth extract from his book, *Mind Your Own Business*, he looks at the vexed question of staff management

Bad news Budget for pharmacists 32

Anne Hutchings examines the finer points of the Budget from the viewpoint of the pharmacist

On your marks... 34

Candidates standing for election to the RPSGB's Council give their views on the key issues affecting pharmacy

Regulars

Question Time 8

Opinion 14

Xrayser 15

Medical Matters 25

Marketwatch 26

Classified 39

Back Issues 42

Pharmacy strategy proposes incentives

Employee pharmacists involved in delivering extended services from a community pharmacy business should be offered incentives to do so says the consultation paper on the strategy for Northern Ireland.

Making it Better – A Strategy for Pharmacy in the Community, published by Northern Ireland's DHSS on April 11, identifies three key priorities: make better use of pharmacists' expertise; improve access to pharmacies; and ensure the safer use of medicines.

The strategy aims to "maintain and develop and support a stable pharmacy network to provide, in partnership with others, a quality and comprehensive pharmaceutical service assuring the safe and effective use of medicines minimising barriers to provide equitable

health and social care to all."

It says that employee pharmacists form a vital group which is mainly responsible for delivering community pharmacy services on the ground and delivering extended services.

It adds: "DHSSPS will encourage HSS Boards and LHSCGs to develop mechanisms to reward pharmacists or community pharmacy businesses for the activities that the community needs or values most. This should include the creation of an incentive for employee pharmacists involved in service delivery."

The strategy also plans a new contract that rewards accessible, quality pharmaceutical services. Referring to the OFT report rejected by health minister Des

Browne, the strategy says:

"Consideration will be given to improvements to the present regulatory system."

Welcoming the document, Sheila Maltby, chief executive and secretary of the Pharmaceutical Society in Northern Ireland, said: "It's stimulating reading and is setting out a challenging agenda for all community pharmacists and pharmacy organisations. The strategy recognises and establishes where innovative services will now be accepted as the norm."

She said that the PSNI will respond positively to the consultation and is looking forward to working with members and the DHSSPS on the strategy.

PCC (NI) chairman Frank Murray said: "I am delighted that the minister has called for a widespread consultation on the community pharmacy strategy. With the threat of deregulation no longer hanging over pharmacy, we can get on with developing innovative pharmacy services across Northern Ireland."

Ulster Chemist Association president Garrett Maguire said: "The future of pharmacy in Northern Ireland lies in developing patient-centred services, first class pharmacy premises and easier access to healthcare for patients."

The closing date for comments is September 12.

For more information:

www.dhsspsni.gov.uk/publications

POLICY

MPs read up on how pharmacy can help

Deregulation, as recommended by the Office of Fair Trading, would frustrate plans for making better use of community pharmacy in healthcare planning and provision the NPA and PSNC have pointed out to the parliamentary press.

An advertisement entitled 'The future role of community pharmacists' appears in *The Parliamentary Monitor*, a monthly magazine published on April 10, and weekly parliamentary publication *The House Magazine*.

It details how community pharmacy is an untapped healthcare resource and how community pharmacists can serve MPs' constituents.

It goes on to describe services such as medicines management and diabetes management and screening, as well as supplementary prescribing and



Sue Sharpe: good understanding necessary for Lords and MPs

repeat dispensing, and treatment of minor ailments.

Sue Sharpe, PSNC chief executive, said: "It is important to ensure that MPs and Lords have a good understanding of the valuable services that community pharmacy has to offer and how this role can be developed."

So far the Department of Health has received more than 1,000 individual responses to the OFT report and has pledged to come forward with a balanced package of proposals for consultation before Parliament adjourns for the summer.

These will favour changes that open up the market in England and improve patient quality and access without diminishing the role of pharmacies in poorer and rural areas.

For more information:

www.psn.org.uk

Initiatives included in the strategy are:

- a 'Health Promoting Pharmacy' accreditation scheme for those involved in delivering an extended health promotion service
- extending the role of community pharmacists in immunisation campaigns
- including community pharmacies in health surveillance strategies
- working to extend and consolidate the existing Managing your Medicines scheme, including appointing regional facilitators
- managing the roll-out of repeat dispensing
- developing a scheme to allow pharmacists to supply medicines for the treatment of minor ailments on the HS
- a phased introduction of supplementary prescribing
- working to see how the community pharmacy PMR can be developed in preparation for a shared electronic health record
- DHSSPS working with NICPET and other education providers to encourage joint training programmes for pharmacists, GPs, nurses etc
- encouraging primary care pharmacy practice research.

Pharmacists in St Helens & Knowsley are continuing to lobby MPs in the fight against the OFT's proposals to deregulate pharmacy control of entry. Pictured is Richard Barton, proprietor of R W Barton Pharmacy in Prescot, handing a petition of 10,000 signatures collected from St Helens & Knowsley pharmacies to Knowsley South MP Eddie O'Hara. Roughwood Chemists, of Kirkby, handed a 7,000-signature petition to Knowsley North MP George Howarth. Pictured, from the left, are: Tom Dolan (Labour councillor for Prescot); Eddie O'Hara; Richard Barton; and Chris Williams (St Helens & Knowsley LPC chairman)





This weekend sees the first time an NRT branded car has raced on the Formula One circuit – usually the domain of tobacco companies – in a GSK sponsorship deal with the BMW Williams F1 team. Team owner Frank Williams is pictured, left, with GSK Consumer Health general manager, Simon Pulsford. See page 38 for full story

Vets' stranglehold on pet prescriptions to be broken

Consumers are paying too much for prescription medicines for their pets, says the Competition Commission in its report on the supply of veterinary Prescription Only Medicines. The Commission said the supply of such medicines was subject to three complex monopoly situations (see below) which acted against the public interest by leading to a lack of supplier choice for animal owners. As a result, prices for animal medicines are higher than they could otherwise be. The Department of Trade and Industry secretary Patricia Hewitt

published the report last Friday, indicating that she accepted its recommendations, which include:

- requiring vets, manufacturers and wholesalers to change some of their practices and reduce barriers to entry by pharmacies, and
- increasing the transparency of information to animal owners so they can better understand and compare prices.

Ms Hewitt said: "The Competition Commission report shows that the market in Prescription Only veterinary medicines is not working as well as it might. Prices are too high.

"Once implemented, the

Commission's recommendations and proposed remedies should lead to greater choice for animal owners and increased competition in the market."

She has called on the Office of Fair Trading to consult on implementation of the suggestions and to report back within three months.

Welcoming the report, NPA chief executive John D'Arcy said: "The evidence we presented to the Commission demonstrated that pharmacists could provide pet owners with better value and convenience but they have been unable to do so because vets rarely issue prescriptions and licensed veterinary medicines are difficult to obtain."

Veterinary Pharmacists' Group chairman Andrew Cairns described the report as a "great opportunity" and said the recommendations meant pharmacists would no longer be at a commercial disadvantage because manufacturers and wholesalers would have to offer them products on a par with vets.

He said the potential reclassification of veterinary POMs into P or PML products "will change the dynamics within the market".

How the monopoly works

Monopoly 1: The Commission found that some vets failed to inform clients that they could ask for prescriptions; discouraged requests for prescriptions; declined to provide prescriptions on request; failed to inform clients of the price of POMs; failed to reflect any discounts in their POMs pricing; and priced POMs to subsidise professional fees.

Monopoly 2: The Commission found that eight manufacturers – including Novartis Animal Health UK, Pfizer, Pharmacia (Pharmacia Animal Health) and Schering-Plough (Schering-Plough Animal Health (UK)) – failed to enable pharmacists to obtain POMs on terms that would allow them to compete with vets.

Monopoly 3: The Commission found that the UK's five veterinary wholesalers all failed to take reasonable steps to supply pharmacies with POMs to enable them to compete with vets.

Diclofenac recall is issued

Clonmel Healthcare is recalling a batch of Flamrase (diclofenac sodium) SR Tablets 100mg as a precautionary measure.

The company says that stability samples of the batch, which was distributed in the livery of Berk Pharmaceuticals, have failed to meet the specification for dissolution at three months after manufacture.

Recipients are asked to quarantine any remaining stock of the affected batch (batch number 9159M, expiry date 10/2004, pack size 28, first distributed December 30, 2002) and to return it to their supplier for credit/replacement.

Warning on ear thermometers

Infrared ear thermometers may give low temperature readings, leading to problems for children with high temperatures who then need urgent medical attention.

The Medicines and Healthcare Products Regulatory Agency issued the medical device alert this week.

If the thermometer is not correctly placed in the ear canal, the temperature reading may be lower than it actually is, giving false reassurance and delaying medical treatment.

The alert, Ref MDA/2003/010, says patients should be advised to:

- use thermometers in accordance with the manufacturer's instructions to avoid incorrect readings
- take care when placing ear thermometer probes so that they detect heat radiated from the eardrum
- seek medical attention if they have health concerns, irrespective of the thermometer reading.

There is also a generic instruction leaflet that can be downloaded from the website and given to patients or their carers.

For more information:

www.mhra.gov.uk

CPP day on mentoring

The College of Pharmacy Practice will ask "Who wants to be a mentor?" at its annual college day on May 8.

It believes the seminar in London will be of interest to pharmacists and support staff from all branches of the profession who need advice or guidance about a work-related problem or about CPD.

For more information:

www.collpharm.org.uk

Tel: 024 7622 1359.

Threshold pay suspended further

The Department of Health has rejected PSNC's request for reinstatement of the period of treatment fee from April.

PSNC is angry that the DoH has, in effect, gone against its agreement and imposed suspension of the fee for a further period. The fee will be considered as part of the overall settlement for this year.

But, before submitting this year's remuneration claim, PSNC is waiting for the DoH to help in evaluating the likely rise in prescription volume for 2003-2004. PSNC's chief executive Sue Sharpe said that, because the volume increase is so critical, PSNC could not responsibly propose a figure until there was a

better indication of prescription volume for the coming year.

The DoH has produced figures showing how the period of treatment fee is spread among contractors. Most (92 per cent) gain less than 3 per cent of income from threshold payments, while 99 per cent gain less than 4 per cent, contrary to claims that there are massive variations or income losses.

PSNC is also discussing generics reimbursement with the DoH, and is continuing joint work to establish the cost of providing the NHS pharmacy service.

PSNC has accepted the draft regulations for repeat dispensing in the pathfinder sites, and will

carefully analyse contractors' costs and time taken in the pilots as the basis for negotiating funding of the roll-out.

PSNC is hoping the new NHS pharmacy contract will be in place by April 2004.

Sue Sharpe said this was "an immensely challenging but not impossible target. We can't agree new funding before we have agreed the extent to which pharmacists have security in business," she explained.

PSNC will soon send a short consultation document to PCTs. Roadshows are planned to follow in June, setting out progress so far and giving community pharmacists the chance to express their views. There will be a

referendum before any final agreement.

The Community Pharmacy Conference in Birmingham on November 26 will centre on the new contract.

● PSNC is seeking urgent legal advice about central purchasing following a "flurry" of interest by some PCTs in bypassing the *Drug Tariff*.

A report last month by the Auditor General for Wales, *Procurement of Primary Care Medicines*, suggested there could be a £50 million saving in Wales primary care medicines were bought at prices obtained in secondary care. Some PCTs in both England and Wales are taking forward the proposals.

PSNC works on control of entry reform measures

PSNC is working on measures to reform control of entry, in response to the Government's plans for an alternative to complete deregulation.

Last month the Government hinted it would reject the Office of Fair Trading's deregulation proposals in favour of "a balanced package of measures" to open up the market and improve access to services without diminishing the crucial role played by community pharmacies (*C&D*, March 29, p4).

No proposals have yet been put to PSNC, which has decided to develop its own ideas to discuss with ministers. One suggestion is to give primary care trusts power, in consultation with local pharmaceutical committees, to ensure there is good access to pharmaceutical services. If there were a housing estate with no pharmacy or medicines delivery, for example, the PCT and LPC would fund existing contractors to provide a service.

TV Doctor Hilary Jones, right, helped Tricia Kennerley, superintendent pharmacist, and Graham North, branch manager, open the refitted Moss Pharmacy in Hook Village, Hampshire. The store has a private consultation area, a larger dispensary and an information library. Dr Jones, who lives locally, said: "Moss Pharmacy in Hook is a central part of the village community. As a result, the pharmacy plays a vital role in improving and protecting the health of the local community"



Questiontime

in association with



UniChem

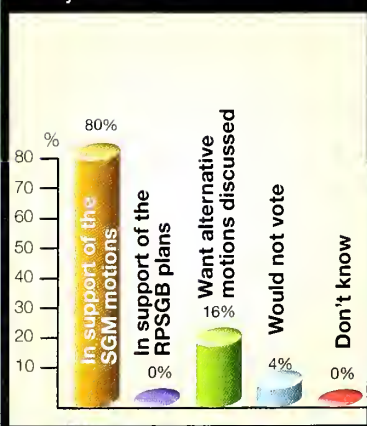
Last week we asked you: "How would you vote in the SGM which has been requested to discuss the RPSGB's modernisation process?" You replied (see right):

This week's question: The Northern Ireland pharmacy strategy has suggested that employee pharmacists should be offered incentives for extended services. Which incentive would you choose?

- More money
- Additional training
- Extra holiday time
- A car
- Company shares
- Your body weight in Easter eggs

You can record your vote on our website: www.dotpharmacy.com. You have until noon on April 22 to cast your vote. We will publish the results in *C&D*, April 26.

What you told us



Moss SOPs 'settling in'

Moss Pharmacy branches have been implementing standard operating procedures since February and expects that they will be adopted company-wide by the end of May.

Moss decided to put the RPSGB's dispensing SOPs in place well in advance of the January 2005 deadline to "allow proper time for development and stepped introduction".

Pharmacists have received an SOP manual, which contains a distance learning training pack, accredited by the CPP for eight hours of continuing education.

The next phase of SOPs will be rolled out in June.

Pharmacy salaries on the up, IPMI survey shows

The latest Institute of Pharmacy Management International Annual Workforce Recruitment and Retention Survey shows employed pharmacists received an average salary increase of 5.1 per cent in 2002, beating the 3 per cent forecast.

The survey had a greater focus this year on the basis for supplementary payments for the added medicines management roles and the terms for other pharmacy staff including dispensing technicians. The survey is mailed to all major multiples and multiple pharmacy groups from the PSGB's Register of Pharmaceutical Chemists.

Conducted by a team under the guidance of Gerry Green, from Green Pharmacy Consultants, and led by Dr Robert Pocock, chief executive of MEL Research, found that pay has kept ahead of CPI inflation rates of 1.2 per cent and 2.7 per cent for 2001 and 2002 respectively.

The report's authors claim this increase may have led to greater stability and retention in the labour market, with fewer

employers looking to recruit than in previous years.

However, 42 per cent of pharmacy employers say they anticipate recruiting from overseas in the coming year, principally from southern EU countries, but also from Australia, New Zealand and Africa.

As of January 2003 the report shows average hourly locum rates of £19.30 per hour, up 13 per cent on the previous year. While reinforcing the increased professional employment costs being absorbed by employers, the authors say this increase may have been instrumental in bottoming out the difficulties in recruiting adequate locum cover.

Shop staff can expect wage increases averaging 3.5 per cent this year, which may be further increased following the raise in the national minimum wage of over 7 per cent from October 2003.

Mr Green said: "Everyone is saying that gross profit and the bottom line are falling, other than significant increments in the value of ingredients and the increase in

prescriptions. The fact that pharmacists are being paid above the rate of inflation is justified because of their increased productivity. However, businesses must take care not to pay above what they can afford.

"The only true winners will be the ones which can make more than they are paid out of the ingredient costs."

The survey also monitored the growth in dispensing technicians and found a ratio of one per 10 employed pharmacists, short of the anticipated 1:1 future parity.

It also showed that almost all pharmacists are now offered 25 days annual paid leave with forecasts showing few pharmacies intend to increase that entitlement.

However, a total of 71 per cent of employers contribute to pharmacists' pension schemes, 33 per cent to private healthcare and 58 per cent towards the costs of RPSGB fees.

For more information:

r.pocock@m-e-l.co.uk

Tel: MEL 0121 604 4664.

Tel: Gerry Green 01825 722066.

Flexiscript shifts focus

Flexiscript will suspend transmission of electronic prescriptions within the Peterborough ETP pilot to focus on supporting development of the Government's National Prescription Service.

The consortium said the pilot had thoroughly tested the system and its abilities were demonstrated, with the e-scripts and other messages transferring as they should between GPs and pharmacists. Its change of focus will now be to work with other bodies and agencies to contribute to the Department of Health's target for 50 per cent of prescriptions to be sent electronically by 2005 and 100 per cent by 2007.

SFO update

To prevent any confusion following last week's story headlined 'Kent's lawyers hit back at SFO' (*C&D April 12, p10*), we would like to make clear that APS, Lagap, Alpharma, DDSA, Galen, and Clonmel are not under investigation by the SFO.

Newcomer Alder has designs on your business

Staff from Yorkline (Scotland) have set up their own shopfitting business following the co-ownership of their parent, Yorkline & Newcastle Joinery Group (*C&D, Mar 15, p11*). Managers at the new company, Alder Design, felt that there was still a reasonable Scottish shopfitting market and started trading on April 1.

Having severed all links with Yorkline, Alder has now extended its range of systems, units and showcases and is planning to add dentistry to its professional remit. Pharmacy remains its primary market and the new company is working for NPA accreditation.

For more information:

E-mail: alderdesign@btinternet.com

Tel: 01259 222832.

Pfizer and Pharmacia merger goes ahead

Pfizer and Pharmacia have finally joined forces under the Pfizer name in a £36 billion deal, creating what they claim is the world's largest research-based pharmaceutical company.

In addition to pharmaceuticals, Pharmacia enlarges Pfizer's portfolio of consumer healthcare brands and establishes its animal health business as number one in the world.

The new company says it will emphasise partnerships with governments and healthcare providers to expand patient access to new medicines. It expects more than one billion prescriptions for its medicines to be written annually and claims its R&D investment will lead the industry.

"We go forward as a single company, providing more products to help more patients than any other pharmaceutical

company has done before," said Pfizer chairman and chief executive Hank McKinnell.

Pfizer's portfolio of medicines includes 14 that are number one in their therapeutic category.

"With Pharmacia, we are bringing together two strong and complementary product portfolios that will give us unprecedented therapeutic reach," said Karen Katen, executive vice-president and president of Pfizer's global pharmaceutical business.

Pfizer Consumer Health will be among the largest global consumer healthcare businesses with a portfolio spanning oral care, tobacco dependence, upper respiratory conditions, hair growth, digestive health, eye care and skin/first aid care. Among its brands are Listerine, Nicorette, Benadryl, Sudafed and Regaine.



ALDER DESIGN
shopfitting specialists

The Alder Design team, from the left:
Derek Cumming, sales director, Neil Paton, contracts manager and Keith Robertson, design director



Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. **Consult a doctor before use in:** concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose

and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rare anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. Flixonase is a registered trademark of the GlaxoSmithKline group of companies.

References: 1. Data on file, FNM30033. 2. Dolovich J *et al.* *Resp Med* 1990; **81**: 31-32. 3. van Bavel JH *et al.* *Ann Allergy Asthma Immunol* 1997; **78**: 12-14. 4. Gehanno P *et al.* *Allergy* 1997; **52**: 445-450. 5. Nathan RA *et al.* *Ann Allergy* 1997; **67**: 332-338. 6. Vervloet D *et al.* *Clin Drug Invest* 1997; **13**: 291-298. 7. Data on file, FNM40184 and 0185. 8. Ratner PH *et al.* *J Fam Pract* 1998; **47**: 118-121. 9. Howarth PH. *Allergy* 2000; **62**: 6-11.

Flixonase[®].d

New Flixonase Allergy Nasal Spray, a complete all-round treatment for airborne allergy, is now yours to recommend. So now you can offer up to 24 hours' relief of itchy eyes, runny nose, sneezing, nasal congestion, sinus discomfort and that groggy headed feeling,¹⁻⁸ by treating the whole of the allergy response.⁹ And all in one daily dose. What other allergy answer could you wish for?

FLIXONASE ALLERGY

Nasal Spray

Fluticasone propionate 0.05%

60
SPRAYS

ONCE A
DAY
DOSE

Relief from
airborne allergy
symptoms

fluticasone propionate



anti allergy relief is now complete

INDUSTRY

Shareholder heat is on as global market cools

Pharmaceutical companies could face extra pressure from shareholders over the next few years as new accountancy rules and a challenging global marketplace force greater accountability.

Under the new rules, board directors must divulge the value of their pensions annually. *The Sunday Telegraph's* list of individual pension funds said former GlaxoSmithKline chairman Sir Richard Sykes received £15.3 million last year.

The rules also make companies put executive remuneration details to the shareholder vote.

Market analyst Wood Mackenzie believes GSK could be in for a bumpy ride in the near- to mid-term, seeing its market share slip from 7 to 5.1 per cent by

2007. It also forecasts compound annual growth of only 2.6 per cent against the 9.4 per cent global market average.

Significant factors, says Wood Mackenzie, include: patent expiries such as Flixotide/Flixonase and, pending litigation, Paxil (seroxat) in 2004, followed by Zofran in 2005 and Imigran in 2006; slowing growth in key marketed brands; and a lack of potential high growth, late stage development products. And it says GSK should be looking at areas such as line extensions in key franchises like genitourinary products.

Shareholder lobby group the National Association of Pension Funds says that, in difficult trading conditions, shareholders tend to scrutinise corporate

governance issues more closely and GSK's last annual general meeting highlighted a number of areas of concern. Among them were its lack of independent senior directors and reliance on two-year rolling contracts for its executive directors.

● Incontinence and erectile dysfunction are expected to be the fastest growing therapeutic areas over the next four years.

Wood Mackenzie predicts sales of products in each area will rise 152 per cent by 2007 to \$4.4 billion and 150 per cent to \$4.5bn respectively. Sales of Alzheimer's and dementia treatments are expected to rise by 110 per cent to \$4.6bn and antipsychotics by 115 per cent to \$18.2bn over the period.

INDUSTRY

Celltech victorious in OGS battle

Celltech has won the hard-fought battle for Oxford Glycosciences (C&D, March 22, p12).

A reluctant OGS told its shareholders that Celltech's cash offer of £101.4 million, or 182p per OGS share, remains "the only realistic option" for realising value for them in the short term. This follows the sale of significant blocks of shares to Celltech and what OGS calls an unfortunate decline in the Cambridge Antibody technology share price.

But the OGS board maintains the view that Celltech's offer does not fully reflect the intrinsic value of its business and cash reserves.

The move to recommend Celltech's offer follows nearly three months of negotiations during which the share price of OGS's initial and preferred bidder, Cambridge Antibody Technology, fell 35 per cent, and discussions with other parties, including European equity house Merlin Biosciences, fell through.

OGS's move comes in the wake of an internal review of the benefits of breaking up its business which the board does not believe would yield a higher value to shareholders than the current Celltech offer.

The company says it will try to work with Celltech in the interests of shareholders and employees.

For more information:

www.ogs.com

www.celltechgroup.com

INDUSTRY

Blistering developments

A machine that extracts tablets and capsules from blister packs has been developed by Wright Fenn with funding from The National Endowment for Science.

The Fenn 60 Automatic Tool-free Deblistering Machine has been developed to meet demands for Monitored Dosage System prescriptions. It is the first in a series of pharmaceutical products being supported by the £86,400 grant for David Fenn and David Wright's Surrey company.

The machine can also repack or dispose of drugs. It uses adhesive tape to strip away the foil cover,

allowing the tablet to drop into a collection tray.

The Fenn 60 costs £5,500 or can be rented for five years from £122 per month. It weighs 25kg and has a small footprint of 455x290x260mm.

Blister packs are also the focus of new company, Pill protect, which has developed a child-resistant, senior-friendly pack to help pharmaceutical companies comply with the new BS8404 legislation.

The product combines permanent and peelable adhesives on a secondary layer in a pattern



which matches the layout of the blister and the tablet pockets. The sections are aligned over the pocket areas, making it hard to eject the tablets. But they are peeled back to allow the tablets to be pushed through the blister foil.

For more information:

Wright Fenn www.dfenn.fsnet.co.uk

Tel: 020 8948 5464

Pill protect www.pillprotect.com

Tel: 01732 375406.

RETAILING

Alternative medicines market is up



The market for complementary medicines has risen by almost 60 per cent in the last five years to £130 million, according to research from consumer market analyst Mintel.

However, lack of information seems to be a significant consumer concern in this area, with more than a quarter believing pharmacists should provide more details on alternative medicines.

Despite this growth the market slowed in 2002, but Mintel forecasts it will grow by 45 per cent over the next five years to reach £188m, although manufacturers may have to work harder to persuade cynical consumers of the efficacy of their products.

"Taking a more scientific approach could be a double-edged sword in that it will bring them into competition with highly researched conventional medicine which have far greater financial backing and investment in research, NPD and advertising," said Mintel consumer analyst Amanda Lintott.

Herbal medicines dominate the market, accounting for almost 60 per cent of its value. Homoeopathic remedies retained static market share in 2000 and 2003 as they have failed to move into the mainstream as quickly as herbal remedies.

Aromatherapy essential oils have a declining sector share as consumers take up the benefits of aromatherapy in toiletry products rather than in oil form.

Around a third of the population take vitamins and/or a dietary supplement daily.

For more information:

www.mintel.com

Tel: 020 7606 4533.

NO, YOU'RE NOT SEEING THINGS. THE WORLD'S BIGGEST-SELLING¹ ANTIHISTAMINE NOW HAS THE BIGGEST CETIRIZINE RANGE.



Zirtek, the original cetirizine, is still the best-selling antihistamine in the world. And it still leads the way. It's the first and only cetirizine available in packs of 7, 14 and 30 tablets. And it's now also available in a child-friendly solution. But it's not just the range that's grown.

Zirtek is also about to get it's biggest ever TV and radio spend. With a mammoth advertising campaign and so much choice for your customers, shouldn't your choice antihistamine be Zirtek? And shouldn't you ensure you've enough stock to meet demand?

Phone your Laser Healthcare representative on 01202 780558

ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

INDICATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 6 years and over: 10 mg daily. Children between 2 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily. **CONTRAINDICATIONS:** Hypersensitivity to the constituents, lactation. **CAUTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dry mouth, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** Zirtek Allergy: Pack of 14 tablets = £7.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P. Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P. **LEGAL CATEGORY:** Zirtek Allergy: P. Zirtek Allergy Relief: GSL. **MARKETING AUTHORISATION NUMBER:** PL 08972/0032 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH.

ZIRTEK ALLERGY SOLUTION

INDICATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride. **USES:** Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial

allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily. **CONTRAINDICATIONS:** Hypersensitivity to the Constituents, Lactation. **INTERACTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** 75ml Solution = £5.99 R.R.P. **LEGAL CATEGORY:** P **MARKETING AUTHORISATION NUMBER:** PL 08972/0033 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. **Date of preparation:** February 2003. **UCB-ZA-03-02**

References:

1. IMS HEALTH MIDAS data. Units sold from July 2001 - June 2002



Comment

from the Editor

The two lead stories this week should be seen as good news for pharmacy. The Northern Ireland pharmacy strategy has finally been issued; and an overlooked area of professional expertise could be opened up to community pharmacists as the veterinary medicines monopolies are to be tackled.

The Northern Ireland strategy includes much of what the other home countries are proposing for pharmacy and perhaps benefits from being last – but with lots of hindsight. And, with Northern Ireland saying ‘no’ to the OFT’s pharmacy report, there should be much take-up by the profession.

But the novel aspect of the strategy could cause some contractors to wince as the idea of incentives for employee pharmacists is proposed without any detail about what the incentives might be.

So employers may wonder who is going to do the incentivising – themselves or the NHS? As it is a government strategy let us hope the Department of Health, Social Security and Public Safety recognises its own commitment when it comes to negotiations.

As for the Competition Commission’s findings on practices

relating to veterinary prescription medicines supply, and the Department of Trade & Industry’s acceptance of them, the community pharmacy sector should look forward to the opportunities that ending the veterinary stronghold should bring. However, many pharmacists have not ventured into the over the counter world of animal medicines, despite the exhortations of organisations such as the RPSGB’s Veterinary Medicines Group. This is a shame as pharmacists claim to be experts on medicines. Why should they forego the supply of medicines with which they will often be familiar already?

Those pharmacies that have specialised in animal medicines – whether in rural locations or town centres – find an appreciative public audience. After all, half the customers walking into a pharmacy are likely to be pet owners.

Look forward to the opportunities that ending the veterinary stronghold should bring

Lambethoutlook

How will a Cabinet reshuffle affect pharmacy, asks Beverley Parkin, RPSGB director of public affairs

Musical chairs at the ministry

What is one to make of the current rumour that Alan Milburn and Patricia Hewitt, the respective current Health and Trade and Industry Secretaries, may swap positions at the next Cabinet reshuffle? More importantly for pharmacists, what are the implications of such a swap for the Government’s response to the OFT’s recommendations on control of entry to the NHS pharmacy contract, the fate of which is being planned in the DTI?

It is becoming clear that the recent mini-reshuffle was a precursor for a much grander Cabinet shake-up due once the Iraq war ends and the Prime Minister begins to re-engage with the domestic agenda. The crater left by Robin Cook’s departure has been, albeit briefly, patched over but there are still significant gaps in the Government, notably in pensions and in health.



What intelligence does the pattern of recent reshuffles give us? There were only two mini-reshuffles last year. By June 2003, 16 of the 23 members of the Cabinet will have been in the same job for more than two years, which is the average length of stay in any one Cabinet post. So that would suggest up to half may move.

The Prime Minister may want to reward those who have been his close supporters over recent difficult times: Patricia Hewitt, Mike O’Brien and old friend Alun Michael. It is unlikely that Mr Blair will feel beholden to those who have been less than helpful.

No such question mark hangs over Alan Milburn. He has won extra resources for the NHS, worked assiduously on *Agenda for Change* and has garnered praise for working towards tough targets on waiting times. He is the longest serving Secretary of State for Health since 1988, when the Department was established in its modern form.

But a move to the DTI would make sense. First, the spectre of failing to meet *NHS Plan* targets may be looming. The Prime Minister’s delivery unit has intervened following concern that the four-hour waiting time target

for A&E patients will not be met and the Modernisation Board has recently questioned the pace of improvement. There are few marks for achieving 80 per cent of your target – even if such a result is actually a real and valuable benefit to patients.

Secondly, an economic portfolio in the DTI would be a valuable stepping-stone for an evidently ambitious minister. What would such a swap mean for the Government’s response to the OFT recommendations on control of entry? The downside might be that Alan Milburn would want to prove his economic credentials and demonstrate that after so long at health he can still see matters from another perspective. The upside would be that Patricia Hewitt would have to show that she is an NHS-friendly minister. No wonder all statements suggest a compromise over the OFT report.

Northern Ireland NOTEBOOK

A bitter pill

She was embarrassed. She had spoken to my assistant but she needed to speak to me. Could I give her the "morning after pill" and she would get a prescription from her GP on Monday?

It was a genuine plea but I couldn't help. She was unwilling to contact her GP now but I explained her GP's practice policy meant I could not be guaranteed a prescription on Monday. It was now Saturday morning and 24 hours since coitus. She paid for Levonelle and I instructed her on its use. She took one of the tablets in the pharmacy and off she went.

On Monday afternoon she arrived back with a prescription for Levonelle II, wanting her money back. Her GP had written a prescription. I tried to explain that the medicine I had sold her was one that could be sold to the public and had a cost price of £13. VAT must be paid on it and I got a fee for the time it took advising. The medicine the GP had prescribed could not be sold to the

She left promising never to return

public and was only worth £6.

I said if I were to return her £24 I would lose out by about £10. The transaction would cost me and I was asking her to appreciate that this was unfair. I was not really surprised that she did not understand my explanation, it was complex enough for me. She left promising never to return.

Some six months before this I had a similar experience with EHC when the GP refused to write a prescription and instead wrote accusing me of selling medicines and encouraging patients to then visit the GP for prescriptions. This, the GP continued, was grossly unfair as she was issuing a prescription for something and to someone she had not examined. My behaviour had been unreasonable. Strange as it might seem, both incidents involved the same GP.

Written by a Northern Ireland community pharmacist

TOPICAL REFLECTIONS

An alternative Dear Doctor letter

I am incensed by the letter sent by Pfizer to GPs suggesting that they encourage their erectile dysfunction patients to use the mail order facilities of Pharmacy2U (*C&D April 12, p8*).

It is not the role of drug manufacturers to interfere in the professional relationship between patient, doctor and pharmacist; and, even if not contrary to any regulation, it certainly shows an unacceptable face of Pfizer.

Pfizer then has the audacity to quote the price Pharmacy2U will charge for Viagra and to suggest that I am unable to sensitively deal with my patients' confidential information.

Now as a community pharmacist I have never

been approached by Pfizer to disclose my price for dispensing a private prescription, nor has its representative ever discussed these problems of patient embarrassment that are obviously of such concern to its marketing manager Gavin Gandy.

Well Gavin, have I got news for you! You are fully entitled to market your brands as you think fit, you are fully entitled to tell the DoH that Pharmacy2U requires no dispensing fee and I and 10,000 other community pharmacists do not have to sell Pfizer Consumer Health products. A piece of advice to all community pharmacists. Write to Mr Gandy, Pfizer Ltd, Sandwich, Kent. Ask him whether he will withdraw his promotional letter to GPs.

Naming the names

Most of the published decisions that Council has made concerning the modernisation of procedures of The Royal Pharmaceutical Society appear reasonable but I was concerned with the announcement that there shall be a statutory requirement for a pharmacist's registered name to be the one under which he or she practices, if applicable, or by which he or she is known.

Many pharmacists anglicise their trading name for the convenience of their customers and often then become commonly known by this name. An

excellent example of the art of compromise that harms no one and helps to improve multi ethnic communication.

The present system causes little offence or confusion but if I was in the position of having to choose between continuing to be registered in my family name or to change it to its common anglicised version I would feel offended. By all means pharmacists should have the right to change their own registered names to a commonly adopted one but that change should not be mandatory.

What price knowledge?

The traditional way of selling pharmacies in the UK is to register your sale with an agent and wait for the offers to pour in. The downside of this arrangement is the large fee payable to the agent by the seller on successful completion. An alternative could be the novel approach just launched by Steven Spurrier where it is the purchaser who pays a registration fee with the agent while the seller provides free details of his 'business for sale' (*C&D April 12, p10*).



The system is organised through the internet with interested buyers being e-mailed details as new sales are registered. A bit like a dating agency: once the introduction has been made you are on your own!

Now some people may be fully confident with this approach but if the market only operated as an introduction agency then the pool of information that relates sale price to business performance would soon become lost. Agents may apparently charge a lot for their services but they also possess a lot of market knowledge. Knowledge that should repay with interest the fees they charge for successfully mediating a sale.

It is certainly innovative that the purchaser pays for a list of vendors and, as a future seller, I will observe the progress of Steven's venture with more than academic interest.

At no charge it should not be difficult to build up a comprehensive 'for sale' list. Whether purchasers will be prepared to pay for access to this list while conventional agents continue to supply them free remains to be seen.

AAH

This is the sixth in a series of 10 accredited features taken from the forthcoming book, *Mind your Own Business*, written by Dr Terry Maguire. This feature is a summary of the chapter on staff management. The next feature will be a summary of the chapter on managing risk and will be published in the May 17 issue. The book, which is supported by Vantage Pharmacy, will be distributed to subscribers with *C&D* later this year



Managing staff

Your staff are the most important part of your business, and how you manage them is vital to its success. Dr Terry Maguire explains how to get the best from your staff

Good staff are a business's greatest asset; poor staff its greatest liability. It has been argued that as long as an individual has the ability and a willingness to undertake the tasks that make up the job, and they are provided with proper support and motivation, then they will do a good job.

Perhaps as managers we fail to appreciate how complex people are. Emotions and feelings often usurp logic and rationality. A friendly workplace can be turned into a war zone when people, inflamed passions and poor communication get mixed together.

Staff management involves two things:

- staff should be motivated to act in the best interests of the business
- the business should retain sufficient skilled, productive and satisfied employees to ensure its continued success.

This is a useful, concise overview of staff management. But often too much emphasis is placed on management and too little on motivation. It is easy to censure staff when things go wrong, but it is more productive to praise them for a job well done.

The need to work is human. Work not only serves our material needs but goes far beyond this. We are all suckers for praise – this is the reason why so many awards and prizes are dished out by every industry including pharmacy. However, money is not seen as a motivator – it only becomes an issue if the employee is unhappy about other aspects of their job.



As a manager of staff you have considerable influence on their attitude and behaviour. Employees are often imitators rather than innovators, therefore how your staff respond will depend very much on your leadership. The ideal manager will build loyalty and esteem in employees and will make it possible for them to contribute their ideas by fostering an atmosphere that stimulates people to act and gives them the power to do so.

Integrity is a key characteristic of leaders. Trust is essential in all human relationships and integrity relates to strong moral fibre and an adherence to codes of practice outside oneself. A

leader demands high personal standards and expects the same from others.

Leaders do not have favourite employees but they do not treat everyone alike. They are impartial in disciplining and giving praise. Leaders are seen as warm approachable people who enjoy their job and care about people as individuals.

Job analysis

A job description is essential for employees and the manager to know what they are supposed to be doing. There must be no confusion as to the employee's responsibilities.

A good job description can only be

written after a job analysis. This might simply involve observing an employee doing their job and discussing what they do. Alternatively, you might have a deficiency in your service such as an untidy shop. On assessing the reason why, you find that the current staff do not have time to undertake cleaning and merchandising duties. You therefore decide to employ a cleaner.

Job description

A job description defines the tasks that constitute that job. A job description should also identify the time allocated to those tasks. In this way the employee has autonomy that reduces the need for constant supervision. A job description provides an opportunity for job enhancement by increasing staff independence and it should be used as a management tool to review performance and evaluate further activities.

Job specification

A job specification details the experience and qualifications of the ideal person for a particular job. Extreme care must be taken to ensure that a job specification is not in breach of the law, particularly in relation to gender, race or religious discrimination.

A job specification should consist of 'essentials' and 'desirables'. Your job specification will normally dictate those candidates who will be seen for interview. Good employment practice requires that those who fulfil the essential criteria should be invited for interview.

Advertising the job

If no special skills are required for the job there will be an ample labour supply. For more specialist jobs the market may be more restrictive. Advertising in local newspapers sends your advertisement to the wider audience that is necessary for more specialist employees.

I always require candidates to apply in writing no matter how trivial the job may seem. Every job is important and a formal application process underpins this. References given by applicants should always be checked before offering a position. Previous employers are the most suitable source of information but a current employer may want to off-load a problem employee. Therefore always check at least two references for each applicant.

The interview

The objective of a job interview is to obtain sufficient objective information about the candidate on which to make a firm decision. The interview is not an

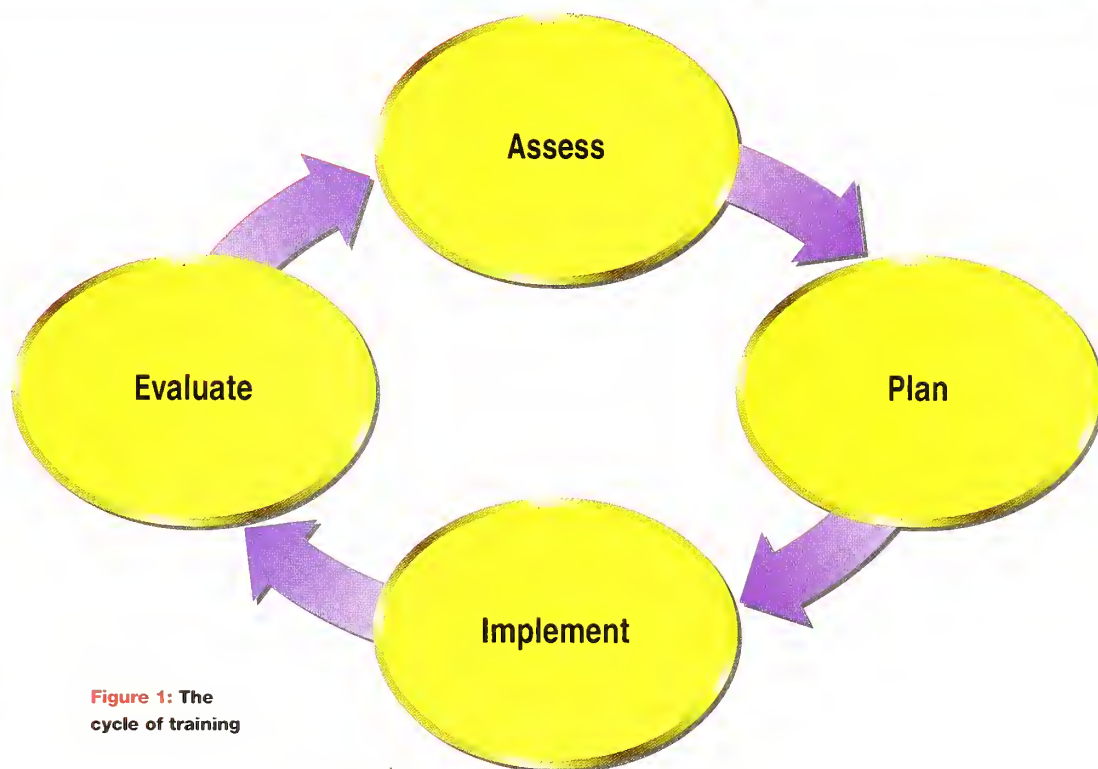


Figure 1: The cycle of training

opportunity to display your power or to illustrate how highly talented and successful you are.

If you break the 80/20 rule then you are not holding a job interview. The 80/20 defines the percentage of time respectively that the candidate and the interviewer speak during the interview. Any other balance is not an interview.

Following the interview you need to assess each candidate and decide who you will appoint and why. It is important to keep notes to support your decision if a query is made. All such information must be kept in strictest confidence.

Once a new member of staff has been appointed and the start date is agreed and confirmed it is a good policy to notify in writing candidates who have not succeeded. Failing to do this creates a very negative impression.

Staff induction

You as the manager should take the time to personally welcome the new employee to the pharmacy. This is important because you don't get a second chance to make a first impression.

Induction will allow you to provide the employee with a contract of employment, give her or him a staff handbook detailing disciplinary procedures and start them on the PAYE scheme.

In law an employer is required to provide employees with a written contract of employment within 13 weeks of taking on the job. This should apply to all staff.

Staff training

If you think training is expensive you should try ignorance.

Training is associated with taking on a new member of staff and with skill development through instruction,

whereas education is more about improvements in knowledge through teaching. In training, more emphasis is placed on the individual and the knowledge and skills they need to do the job properly. It is based on the individual rather than the business or organisation.

Like training, personal development is a continuous process and it is as essential to the development of the business as it is to the individual. Businesses that support a more holistic approach to their staff's personal development will reap richer rewards.

Training improves the effectiveness of staff by producing a beneficial change in their knowledge, skills and attitude. Training is made up of a number of elements and is given in the training cycle (Figure 1).

Training needs are easy to identify for a new recruit who has never stood behind a pharmacy counter before. It is not so clear for someone who has worked in the pharmacy for 20 years.

Identify the 'training gap'. This is the difference between current knowledge, skills and attitudes and the knowledge, skills and attitudes required to perform the job satisfactorily. Training needs can be identified through:

- observation of staff
- interview, either as part or a specific
- training needs interview or as part of an appraisal
- critical incident assessment when things go wrong
- a problem centred approach.

Gather anecdotes of work behaviour, for example, particularly good or bad job performance. Alternatively, look at the most difficult activity the employee undertook that day and establish why it

Continued on page 18 ►

proved so difficult. This will indicate where some training needs lie.

Plan

Planning is essential to effective training. Consideration of how people learn identifies three essential elements.

Context – when an employee is aware of the context within which a job is set they will see why it is important and will have greater motivation to undertake it.

Piece learning – the rate at which people learn differs greatly but most of us learn best when a job is split up into digestible 'chunks' or tasks which come together to make the complete job.

Practice – essential to improve the skill. It should not be practice alone but rather practice with appropriate feedback to ensure that the employee is practising the job correctly.

Implementation

Chinese proverb:

*"I hear and I forget
I see and I remember
I do and I understand"*

Good explaining skills are essential when training. When explaining you must:

- pause for just a moment before giving an explanation so that the terminology and articulation are considered with care
- speak fluently and keep sentences

short with occasional pauses. Use clear terms the employee understands.

- provide verbal and non-verbal emphasis. Verbal emphasis can be achieved by planning repetition of selected points. Non-verbal emphasis involves voice inflection, hand gestures and facial expression
- make use of illustrations such as simple analogy, hand sketches or charts
- provide a summary at the end.

Evaluating/appraisal

The training process will be meaningless if it does not bridge the training gap. This is why evaluation is important. Evaluation also improves motivation since it provides an opportunity to praise an employee for a job well done and it can provide feedback for the trainer on the training process so that it might be improved for the next candidate.

We evaluate employees on a daily basis as part of an ongoing process of observation at work and particularly after a training event. However, you should also consider a formal appraisal. It will force you to observe and evaluate employees' performance and determine what can be done to improve performance (identification of training needs) and so the cycle begins again.

The appraisal should be a sharing of views between manager and employee

with the aim of improving the overall performance of the employee and ultimately the business. The challenge in an appraisal is to balance the needs of the employee against the needs of the business.

You should congratulate for a job well done but also challenge them on poor performances. Having listened to their case, you should challenge their poor performance and get them to identify how it might not happen again. Finally you should negotiate their objectives for the coming year, eg completion of an accredited training course.

Conclusion

I have argued that there is now a new paradigm for managing staff. Managers need to be leaders as well as managers. This style of management is more people-centred and less system-centred and therefore more challenging to get right. When we don't get it right we tend to opt for the old fashioned paternal approach that is doomed to failure. ☹

It has been pointed out to us that two of the clinical trials which have been conducted into Seatone (see C&D Business Matters, February 15, p33) indicate that it has been of benefit in treating both rheumatoid and osteo forms of arthritis

Get into shape for the future

Stuart Reeve, of Nelson Health Centre Pharmacy, says training is key

Staff training and development is an essential driving force for pharmacies to meet the recommendations laid out in *Pharmacy in the Future*, according to managing director and superintendent pharmacist at Nelson Health Centre Pharmacy, Stuart Reeve. He oversees 20 staff across two sites: Nelson Health Centre Pharmacy and Boundary Pharmacy, in Nelson, Lancashire.

Boundary Pharmacy offers core dispensing, monitored dose services for elderly patients and training and support for nursing homes. This frees resources for Nelson Health Centre Pharmacy to concentrate on additional medicines management services.

All staff have to be multidisciplinary, and work across both sites. Nelson Health Centre Pharmacy is being considered for a repeat dispensing pilot, and Stuart believes his staff would play an important role in this. "The majority of our staff are trained technicians, having undertaken medicine counter training with the NPA, and either a BTEC at the local



From the left: Lynn Brotherton, Hayley Shutt, Stuart Reeve and Alison Speak from Nelson Health Centre Pharmacy

college in Preston or an NPA distance learning course to gain their Pharmacy Service NVQ level 3 qualification," he explains.

"Having accredited checking technicians within the pharmacy means that our pharmacists can make the initial clinical check on repeat prescriptions, allowing the technicians to take it on from there.

"If we did become involved in the repeat dispensing pilot, this would enable us to make the best use of our trained staff and free up the pharmacist's time to concentrate on other areas for development, such as medicines management services."

Stuart has also experienced the

benefits of his own professional development. "A couple of years ago I decided to enrol at Aston University to get my clinical pharmacy diploma. It was the best thing I could have done – I thought I was a good pharmacist until I went on that course!

"The diploma has helped me, amongst other things, to establish a number of medicines management services within the pharmacy, and develop professional services," he says.

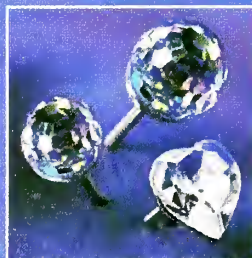
The pharmacy already offers an emergency contraception service and a smoking cessation package, but is branching out to offer a range of Vantage Health Watch services, developed by AAH Pharmaceuticals.

"Pharmacy needs to move with the times and by ensuring that staff play a part in the development of the pharmacy I believe change can take place faster."

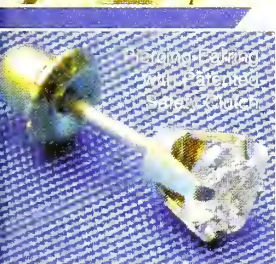
VANTAGE pharmacy
At the Heart of the Community

The safest & most technologically advanced EAR PIERCING SYSTEM on the market!

For nearly 30 years, Inverness has been committed to providing the safest and most gentle ear piercings worldwide. We have succeeded in taking ear piercing a major step further with the recently launched **Inverness 2000 Ear Piercing System...**



Sterilised
Disposable
Cartridge



Piercing Earring
With Patented
Safety Cartridge

This state-of-the-art system boasts the following features to benefit you and your customer:

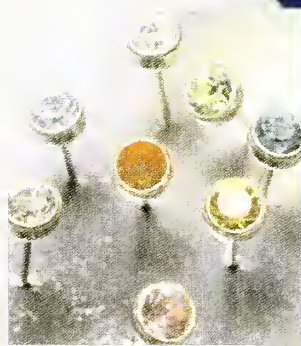
- Slim-line, hand-pressured instrument for a gentle, quiet piercing... suitable for both lobe and cartilage piercing.
- Piercing earrings are fully encapsulated in disposable, individually sterilised cartridges. Unlike other systems with exposed posts, you need not worry about potential contamination for you or your customer!
- Over 150 fashionable jeweller quality piercing earrings in 18Ct. Gold, 14Ct. Gold, 14Ct. White Gold, Titanium, Palladium Plate and 24Ct. Gold Plate; including Genuine Diamonds and Gemstones! All earrings fully comply with the EU Nickel Directive.

Add to this our comprehensive on-site training programme and support package and you will want to make Inverness your number one choice for ear piercing.

Find out how to make ear piercing a major part of your business! Call us now on 01494 896540, and receive your complimentary counter display with the purchase of our Inverness Starter Kit.

**INVERNESS
2000**

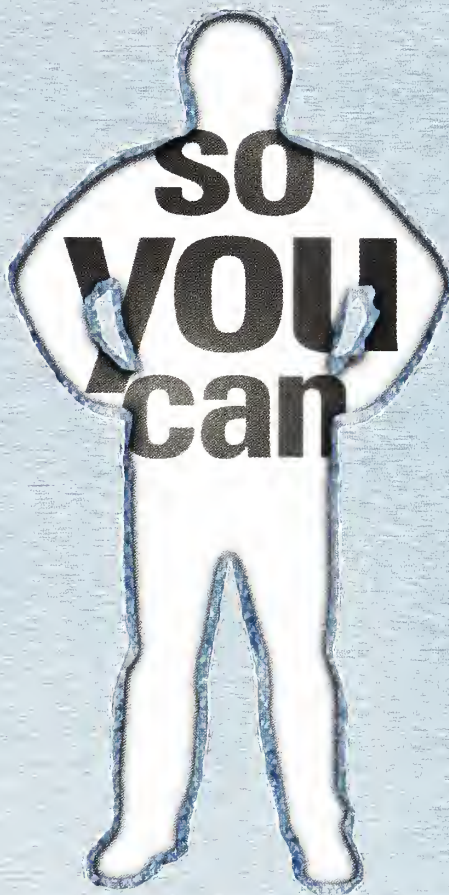
Inverness UK
Suite A, Discovery House, Aveling Road
High Wycombe, Bucks HP13 6AE
www.invernesscorp.co.uk



INVERNESS®
Simply Superior



Built to work



Job done ☒

3 years free servicing* ☒ £700 cashback* ☒ 3 year warranty ☒



Visit your local Transit Specialist Dealer or call 08457 111 888

The all-new
Ford Transit Connect

Commercial Vehicles
Backbone of Britain



*Programmes apply to vehicles registered in the period February 1 to June 30, 2003 inclusive, to customers who receive no other support or special terms from Ford Motor Company Limited. The total £700 cashback can be taken as a cheque through your Transit Specialist Dealer, or be used to reduce the vehicle invoice price (pre VAT), or be used to purchase accessories for the qualifying vehicle(s) (pre VAT), or can be used as part of a finance package. The Ford Protect 3 year/100,000 mile free servicing plan covers up to a maximum of 6 scheduled services within the years/mileage period, whichever comes first. Terms and Conditions apply. Ford is a registered trademark of Ford Motor Company Limited.

Labyrinthine disorders, Ménière's disease, vertigo, vestibulitis, tinnitus. Just the names are enough to make you feel dizzy. *Vanessa Sherwood, MRPharmS, looks at tinnitus and vertigo*

Ringing and spinning



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1267), in association with multiple choice questions being published in C&D May 3, provides one hour's continuing education

- To understand the causes of tinnitus
- To revise drug treatments for tinnitus
- To be aware of non-drug treatments for tinnitus
- To revise the symptoms and treatment of vertigo
- To review Ménière's disease

The ear is the organ of hearing and balance and is divided into three clearly defined sections: outer, middle and inner ear. It is mostly the inner ear that is implicated in tinnitus and vertigo.

The inner ear is also known as the labyrinth, because of the complicated series of canals it contains. It consists of three main areas: the vestibule, the semicircular canals and the cochlea.

The semicircular canals of the inner ear sense rotational movement and the vestibule senses acceleration and deceleration.

The physiology and functions of the ear were covered in detail in Update last year (*C&D, December 14, p21*).

Tinnitus

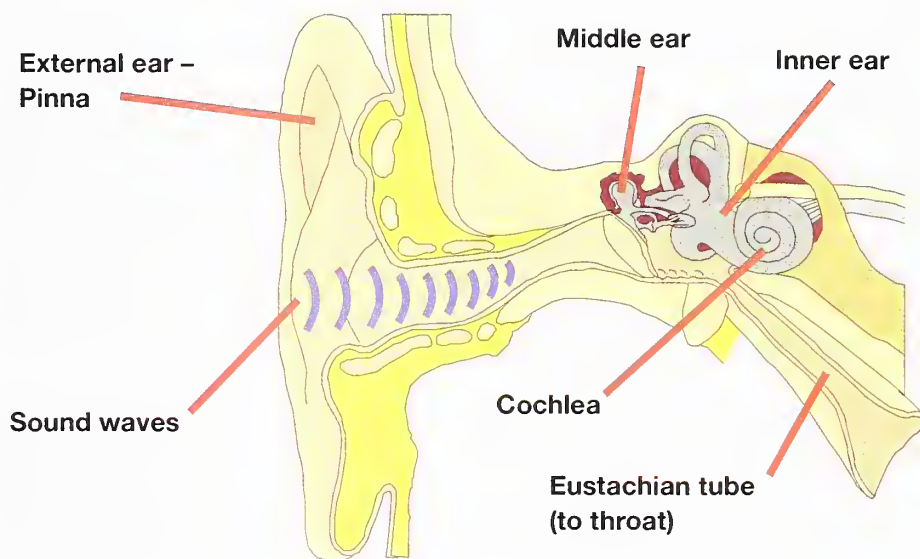
Tinnitus is defined as hearing sounds that do not originate from an external source. The noises are described as ringing, whistling, buzzing, hissing, humming, rustling, popping and screeching.

Pharmacists should advise people that tinnitus is not a disease but a symptom, generally of ageing. However, in an increasingly noisy society, tinnitus is beginning to have an impact on the younger population.

After a GP diagnosis of tinnitus people may still come to the pharmacist for reassurance that they are not going mad or suffering from a fatal illness. They should be encouraged by the fact that many people learn to live with tinnitus.

Prevalence: The National Study of Hearing showed that 10 per

Auditory system



cent of adults have experienced spontaneous tinnitus lasting over five minutes and 7 per cent of adults have visited their GP about it. Also:

- at least 5 per cent of people have tinnitus which interferes with falling asleep and causes moderate or severe annoyance
- 1 per cent have tinnitus that affects their quality of life
- 0.5 per cent experience tinnitus that severely affects their ability to lead a normal life (about 200,000 people in the UK).

There are thought to be many causes of tinnitus, with the simplest being a build up of wax in the ear. Other theories include:

- hypertension leading to turbulence in the blood vessels closest to the ear
- anaemia – where the blood is circulating more rapidly and produces a sound
- Ménière's disease
- emotional stress.

However, although these factors may play a part, the most common cause of tinnitus is damage to the microscopic endings of the nerve cells of the cochlea in the inner ear. The cells may become damaged as part of the natural ageing process or when people are exposed to very loud noise such as music or machinery, certain medicines or even after a head injury.

Normally, external sounds

modify the continuous stream of impulses that pass from the cochlea to the auditory centre in the brain and these are interpreted as sound. In tinnitus the damaged cells send abnormal impulses to the brain, which the brain interprets as sound that isn't actually there.

Ototoxic drugs may also trigger the beginning or worsening of tinnitus. These include: aspirin, quinine, loop diuretics such as bumetanide and furosemide (frusemide), chemotherapeutic agents, cisplatin, carboplatin and the aminoglycoside antibiotics.

A recent report in the *Journal of*

Continued on page 22 ►

Audiological Medicine found a small number of tinnitus sufferers had a loose hair in the ear. When the hair was removed the tinnitus stopped. This underlines the importance of an ear examination to rule out any physical cause for the sounds.

Bethahistine and cinnarizine are the only drugs specifically licensed for tinnitus, although other drugs in the *BNF* section 4.6 are licensed for labyrinthine disorders.

Adults should take 30mg cinnarizine three times daily. The recommended dose of betahistine initially is 16mg three times daily with a maintenance dose of 24-48mg daily.

Small trials have shown some evidence of benefit for alprazolam (Xanax – not available on the NHS) and tricyclic antidepressants. These are not licensed for the treatment of tinnitus. Further rigorous, large-scale trials are needed to demonstrate a positive effect, according to *Banholier*, the evidence-based journal on treatments (www.ebandolier.com).

Sedatives, antidepressants and anxiolytics may be prescribed where the patient is suffering from an acute distressing episode of tinnitus that is having a profound effect on their lifestyle.

There is no evidence for any benefit from complementary therapies in the treatment of tinnitus.

A small trial published in the *BMJ* on the use of ginkgo biloba for tinnitus showed that over a 12-week period it was no more effective than placebo.

This is an area in which there has been marked progress. In the 1980s Professor Pawel Jastreboff from the University of Maryland, Baltimore, suggested that the limbic system (part of the brain that deals with emotion) and the autonomic nervous system may be responsible for troublesome cases of tinnitus.

When people perceive their tinnitus to be a threat they find they can do nothing but listen for the noises – like an animal listening out for its predator.

As they come to terms with their tinnitus then their fear diminishes and the noises become less troublesome, much as most



James Stewart looks down in Hitchcock's famous thriller *Vertigo*

people will block out a constant, non-threatening sound such as a humming fridge or the distant traffic.

Professor Jastreboff's theory has helped to develop tinnitus retraining therapy (TRT), a form of cognitive therapy. According to the Royal National Institute for the Deaf, it "helps to speed up the natural habituation process". The brain is taught to re-learn patterns that reduce the impact of tinnitus.

Some hospital audiology departments run special tinnitus clinics and may offer TRT. Patients would need to be referred via their GP.

Hearing aids: where there is hearing loss a hearing aid may help to reduce tinnitus by taking the 'strain' out of listening that may make tinnitus worse.

Tinnitus does not cause deafness but both conditions may have the same cause. People with an untreated hearing loss are more likely to experience tinnitus. **Noise generator:** similar in appearance to a hearing aid, this makes a gentle 'shush' noise that diverts attention away from the tinnitus. These devices are available on the NHS or can be bought privately.

Patients should be advised that being stressed or anxious about the tinnitus, or anything else, might make the condition worse. Stress management and relaxation techniques can be recommended.

There are also support groups where the experiences of fellow sufferers are of benefit.

Patients should be advised to avoid silent or very quiet places. Although to a person suffering from tinnitus the idea of silence may seem like heaven, quiet situations may make the tinnitus more pronounced. There should always be a low level of background noise such as music or outside noise through an open window. Loud noise may make the tinnitus worse temporarily.

Some patients with tinnitus may also experience an abnormal intolerance of ordinary sounds. Around 40 per cent of tinnitus sufferers can be affected. Everyday noises such as vacuuming or using cutlery and crockery can seem unbearable.

People may find that they are able to tolerate many strong sounds while softer sounds can cause distress and discomfort – this is common and should not cast doubt on the genuine problem. Hyperacusis may also accompany conditions such as depression, migraine and chronic fatigue syndrome.

Most commonly, the word vertigo is used to describe a fear of heights or the feeling one gets when peering over the edge of a high building. However, the true medical definition is that vertigo is an illusion of movement. Sufferers feel that their surroundings are spinning round

them or that they are spinning with their surroundings.

The illusion of movement can be caused by any disorder that affects the functioning of the multi-sensory balance system. This system incorporates:

- the feet, legs and neck
- the eyes
- the inner ear.

All three components contribute to the information sent to the brain about the position of the body in space. People can generally keep their balance if two out of three systems are working but cannot cope with only one functioning system. The inner ear may not be the most important source of information about orientation – the eyes and feet/legs provide more precise information – but disorders of the inner ear are the most common cause of vertigo.

Vertigo is a disturbance of the fluid in the vestibular apparatus of the inner ear, sending abnormal neuronal impulses to the brain. This information does not tally with the messages being received from the eyes, feet, legs and neck. Consequently the person feels 'dizzy'.

Severe vertigo confines people to bed and is often accompanied by nausea and vomiting. In old people, falls associated with vertigo are a particular hazard because of the possibility of broken bones, especially where there is osteoporosis.

Motion sickness is an example of vertigo.

Continued on page 24 ►

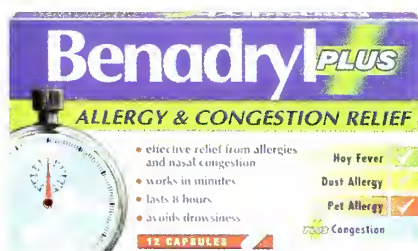
SOLVE EACH CASE WITH BENADRYL®



Acrivastine

CASE #1

If you're looking for allergy relief that's active in just 15 minutes we've cracked it with Benadryl – no non-drowsy allergy tablet works faster.



Acrivastine & Pseudoephedrine

CASE #2

When evidence points to a blocked nose (53% of hayfever sufferers experience this) give them Benadryl Plus, the only non-drowsy allergy treatment with added decongestant.



Once daily allergy relief for Children 2+ years



Cetirizine hydrochloride

CASE #3

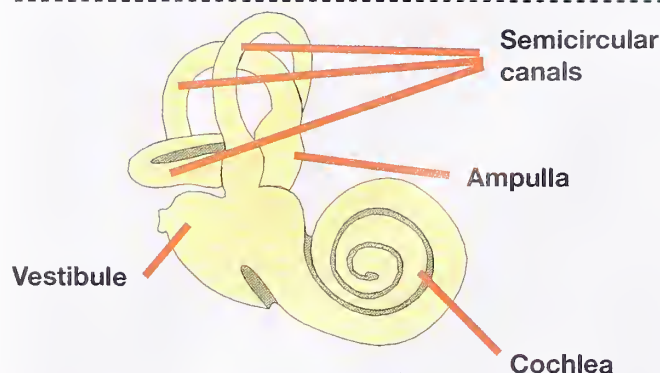
Here's some big news for your little customers. Benadryl's new non-drowsy allergy relief for kids. Just one daily dose will keep them playing all day. For children aged 2+.

DON'T LET THEM GET AWAY WITH IT
www.allergyadvice.co.uk



BENADRYL ALLERGY RELIEF Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage (12 - 65 years): One capsule up to 3 times a day. Contra-indications: Hypersensitivity to acrivastine or triprolidine or significant renal impairment. Precautions: It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely, drowsiness. Price: 12s £4.35 (£3.70 ex-VAT), 24s £7.55 (£6.43 ex-VAT). Legal category: P. Holder: Warner Lambert Consumer Healthcare, Eastleigh, S053 3Z0. PL no: 15513/0035. Date of preparation: April 01. **BENADRYL PLUS CAPSULES** Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: 12 - 65 years: One capsule as necessary, up to three times a day. Contra-indications: Hypersensitivity to any of the ingredients or triprolidine; hypertension, renal impairment or severe heart disease, use with MAOIs. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. Price: 12s £4.99 (£4.25 ex-VAT), 24s £8.99 (£7.65 ex-VAT). Legal category: P. PL holder: Warner Lambert Consumer Healthcare, Eastleigh, S053 3Z0. (No: 15513/0017. Date of preparation: March 2001. **BENADRYL ALLERGY ORAL SOLUTION** Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. Uses: Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. Dosage: Adults and children 12 years and above 10ml once daily. Children 6 - 11 years 10ml once daily or 5ml twice daily. Seasonal allergic rhinitis only Children 2 - 5 years 5ml once daily or 2.5ml twice daily. Contra-indications: Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. Precautions: Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption. Side & adverse effects: Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. Price (ex-VAT): £4.99. Legal category: P. PL holder: UCB Pharma Limited, 3 George Street, Watford, Hertfordshire, WD18 0UH. PL number: 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, S053 3Z0. Date of revision: January 2003.

The inner ear (labyrinth)



Causes of vertigo

Vertigo may have many causes including:

- infection
- head injury
- Ménière's disease
- viral or bacterial infection
- surgery
- otosclerosis – a hereditary bone disease affecting the vibration of a bone in the inner ear
- tumours
- alcohol, medicines, recreational drugs
- neurological disease
- benign paroxysmal positional vertigo (BPPV – see later).

These conditions either affect the fluid in the semicircular canals, the nerve impulses between the brain and the inner ear or both.

Treatment

Treatment of vertigo depends on its cause. In healthy individuals the most likely cause is an infection of the inner ear, which may also affect the nerve. Antibiotics may be necessary if the ear infection is thought to be bacterial.

If vertigo results from Ménière's disease or BPPV, treatment is with betahistidine, antihistamines and phenothiazines (see later).

Symptomatic treatment should be short because it can delay the body's natural compensation mechanism, which is very good at overcoming the imbalance experienced during inner ear

disease. For this reason, Bowdler and Lloyd Faulconbridge of the British Association of Otorhinolaryngologists recommend that treatments such as prochlorperazine or cinnarizine should be stopped quite soon after the vertigo has begun.

Patients should be advised to rest and refrain from driving when they are suffering from vertigo. Those with recurrent bouts should be encouraged to consult their doctor to diagnose any underlying cause such as tumour of the head or neck.

BPPV causes short-lived episodes of vertigo, usually lasting for just a few minutes and triggered by any movement of the body or head.

It is most common in older people, where there is degeneration of the vestibular apparatus of the inner ear. Small crystals of calcium carbonate, derived from the otoliths within the ear, disrupt the endolymph and consequently the neuronal impulses to the brain.

The most common cause of BPPV in people under 50 is a head injury, which may prematurely dislodge the crystals.

BPPV may be present for a few weeks, stop and then return. However, most cases disappear within six months of onset.

Antihistamines used to prevent travel sickness may be useful to treat the nausea that accompanies BPPV but a drug-free therapy is a

physical technique called the Epley manoeuvre.

This takes about 15 minutes and involves the sequential movement of the head into four positions. Its aim is to move the crystals away from the more sensitive posterior semicircular canal to a less sensitive part of the inner ear.

A Cochrane review of the Epley procedure concluded that there is some evidence for its effectiveness but only from two small trials with a short-term follow-up. There is no good evidence for its effectiveness in the long term or in comparison to physical, medical or surgical therapy.

Ménière's disease

Ménière's disease is characterised by all or some of the following symptoms:

- dizziness or vertigo
- nausea and vomiting
- tinnitus
- a variable but progressive loss of low-frequency hearing
- a sensation of pressure in the ear.

Ménière's disease results from accumulation of endolymph in the vestibular apparatus, which impairs the proper functioning of the vestibule.

Ménière's disease is responsible for about 5 per cent of all dizziness and 15 per cent of all vertigo cases. It is a chronic disorder, affecting both sexes equally and usually beginning in late middle age.

The cause is unclear. A review of the condition by Bandalier in 1995 reported that studies showed an increase in immunoglobulins in the endolymph and the serum.

"Although probably a multifactorial condition, some sort of underlying viral infection or auto-immune component seems likely," says Bandalier.

Betahistidine may be used to treat the dizziness, vertigo and tinnitus. The BNF also says that a diuretic, in combination with a salt-restricted diet, may be of benefit for the vertigo associated with Ménière's disease. Ménière's disease is not common: an average

GP practice with 6,000 patients could expect to see one new case a year. More information on Ménière's disease is available at www.menieres.co.uk.

References:

BMJ 2001;322:73 (Jan 13)
Some evidence used in compiling this article was obtained from the Cochrane Library and Bandalier, both of which can be accessed electronically via the National Electronic Library for Health (www.nelh.nhs.uk)

Actionplan

1. In your practice workbook list the drugs used to treat both Ménière's disease and vertigo. Using this list as a reference, record over the next few months any such prescription items being used for these conditions.
2. How many of these patients are elderly? Try to interview them. Do they really have the disease? Read the "Prescribing for the elderly" section in the BNF. In how many cases do you feel the diagnosis is correct? In how many cases do you feel the prescribing is appropriate?
3. The article mentions stress management and relaxation. Just telling patients to "relax" is insufficient. Try to find out more, then write a protocol to help patients who are in stressful situations. This could include offering leaflets or contact details of local self-help groups.
4. Many drugs cause dizziness as a side effect. Consider, say, the first 10 prescriptions each day and identify any that might cause this problem. List them in your practice workbook.
5. Using the above list, try to find out if any of these patients have suffered from drug-induced dizziness.
6. Consider the implication of people being subjected to loud music or industrial noise. Is there anything you can do to advise them about the potential problems that may result?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the help of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice (MCQ) paper to be inserted in the May 3 issue, which will cover this week's CPP-accredited modules. Those in the April 5 and 26 issues.

● **Pharmaceuticals (1266)** ● **Tinnitus and vertigo (1267)** ● **Case study (1268).**

The marking service offers independent verification of results – details on the monthly MCQ papers. To request a test or to contact Mary Prebble on 01732 377269.

C&D
in association with



GENUS PHARMACEUTICALS

Scriptlines



New EPO cream

An emollient cream with evening primrose oil 20 per cent was launched by Linderma this week.

Gammaderm, which can be prescribed on the NHS, is indicated as an occlusive, emollient cream for symptomatic relief of acute and chronic dry skin conditions, to restore hydration and improve skin smoothness. It should be applied evenly two to three times daily.

Patients are advised to avoid using solariums while using Gammaderm, a GSL medicine.

Price: £2.83 (50g), £8.20 (250g)

Pip code: 294-2860 (50g), 294-2878 (250g)

Linderma

Tel: 01981 250124.

Palfium due back

Roche Products has said about the current shortage of Palfium (dextromoramide) tablets: "Due to continuing production difficulties, the earliest date when either 5mg or 10mg Palfium tablets will be available is the end of May."

Prescribers can contact a Roche medical advisor for advice.

For more information:

Roche drug information

Tel: 0800 3281629.

Sanofi cuts trio

Sanofi-Synthelabo is discontinuing Hexopal (inositol nicotinate) Suspension, Monit 20mg (isosorbide mononitrate) and Tryfyba (fibrous extract of wheat grain) due to production issues.

Moderate (fluphenazine decanoate 25mg per ml) 10mg vials will be discontinued May 31.

For more information:

Sanofi-Synthelabo

Tel: 0800 854430.

Zirtek is available

UCB Pharma would like to remove any confusion over the NHS availability of Zirtek.

Both the 14 and 30 pack sizes of Zirtek Allergy tablets can be prescribed on the NHS. The Zirtek Allergy Relief 7 tablet GSL pack is not available on NHS prescription, says UCB.

Self-testing INR achieves good results

A small study has shown that patients taking warfarin and testing their own international normalised ratio using a hand-held meter achieve similar results to laboratory tests.

The study, initiated by the Medical Devices Agency, now the Medical and Healthcare products Regulatory Agency, looked at the results of 44 patients using Roche's CoaguChek S meter to measure INR versus the results of 40 patients who attended hospital out-patient clinics.

Of the 44 patients using the meter six dropped out (one due to serious illness, two due to visual impairment, two left the area and one failed to attend training). Two were judged unable to test due to dexterity problems.

Preliminary data shows that there was excellent agreement between self-testing and laboratory methods, similar to the level of agreement achieved when biomedical scientists evaluated the device.

There are an estimated 750,000 patients currently taking warfarin and this figure is expected to increase by 10 per cent annually due to the extended indication of warfarin for atrial fibrillation. Each patient should have their INR tested 10-12 times a year, which is increasing the workload for out-patient anti-coagulant clinics.

Patients who measure their own INR using the CoaguChek S reduce the time spent at the hospital but may also achieve an overall improvement in INR



control as more frequent testing is possible. Currently, INR control is deemed to be acceptable by clinics if the results are within the target therapeutic range only 50 to 60 per cent of the time.

Disadvantages of patient self-testing could include:

- machine or reagent malfunction
- poor technique
- lack of quality control measures
- inability to adequately change warfarin levels
- lack of regular medical supervision.

CoaguChek S test strips have been available on prescription for more than a year but the meter costs £399. However, patients can buy the meter on an interest-free payment plan.

For more information:

www.roche-diagnostics.com

Tel: 0870 750 2006.

Study rates warfarin use

Long-term, low-dose warfarin therapy has been shown to be an effective method of preventing recurrent venous thromboembolism, according to a study in the *New England Journal of Medicine*.

More than 500 patients were randomised to receive low-dose warfarin or placebo after six months of therapy with full-dose anticoagulation therapy.

Patients in the treatment group showed a 48 per cent reduction in the composite end point of recurrent VTE, major haemorrhage or death and the reduction in VTE alone was between 76 and 81 per cent.

For more information:

www.nejm.com

Antibiotic-resistant gonorrhoea is on the increase, says HPA's new report

There has been a dramatic increase in ciprofloxacin-resistant gonorrhoea in England and Wales, according to the weekly *Communicable Disease Report* from the Health Protection Agency.

The overall prevalence of ciprofloxacin resistance in 2,200 isolates from genito-urinary medicine clinics was 9.8 per cent in 2002 compared to 2.1 per cent in 2000.

The CDR says that the

increases in resistance occurred irrespective of gender, sexuality or reporting recent sexual contact abroad.

"As ciprofloxacin is currently the recommended first line treatment for uncomplicated gonorrhoea, there is considerable risk of inappropriate management of this infection and its sequelae.

"It is a general principle that the chosen treatment regimens should eliminate infection in at

least 95 per cent of patients, and it is now clear that ciprofloxacin no longer meets this criterion," the report says.

"National guidelines recommend alternative treatment with cephalosporins or spectinomycin."

Gonorrhoea cases are known to have increased by 84 per cent in men and by 67 per cent in women between 1997 and 2001.

For more information:

www.phls.org.uk

Here's mud in your eye

After being available only in Selfridges for some eight months, Ahava Dermud is being launched throughout the UK from the beginning of May.

The roll-out of the dry skin product range from the Dead Sea is being supported by a £1.5 million PR and advertising campaign with a heavyweight advertising burst to come.

Manufactured by Dead Sea Laboratories, Ahava Dermud is a hypoallergenic dry skin treatment range with a 'secret formula', enriched with Dead Sea mineral mud and moisturisers.

AHAVA
Created by Dead Sea Laboratories



DERMUD
DRY SKIN TREATMENT

The products also contain Mineral Skin Osmoter, a combination of Dead Sea minerals that are said to work by "creating an osmotic pump within the skin layers – pulling moisture and nutrients to the epidermis from within".

There are seven products for hands, body and feet, including an intensive treatment for dry elbows and knees, soap-free moisturising shower cream and a Dead Sea Mud Treatment.

For more information:

Ceuta Healthcare

Tel: 01202 780558.

Cream of the crop

Skin preparation Lotil Cream has been given a new look with easy-squeeze plastic tube packaging.

Maker Fenton Pharmaceuticals says the formulation rehydrates dry skin and contains antiseptic, antibacterial and antifungal properties to help it form a barrier to infections. It can also be used instead of soap.

Price:

Pack size: 30ml tube £1.99; 50ml tube

£2.99; 114ml jar £5.49.

Pip code: 30ml 016-3303; 50ml 013-0534; 114ml 240-2022

Trinity Sales and Marketing

Tel: 01753 864455.

Travel sickness sorted

A travel sickness remedy that can be taken without water has been introduced in time for the holiday season by the maker of Bassett's Soft & Chewy Vitamins.

TRAVELeeze Soft & Chewy Pastilles are a P product containing 12.5mg meclizine hydrochloride. They have a strawberry flavour and also contain ginger, the herbal remedy traditionally associated with nausea.

Suitable for both adults and children, TRAVELeeze can be taken the evening before travel or when sickness is coming on.

The launch will be supported by a consumer press campaign throughout June and July, and point of sale material and consumer leaflets will also be available.



Price: £2.29

Pack size: 10

Pip code: 293-2929

Ernest Jackson

Tel: 01363 636100.

Dove scrubs up nicely

Dove Bar now comes in an exfoliating format as Lever Fabergé seeks to bring new users into the category.

The Dove Gentle Exfoliating Bar is getting a £1.5 million marketing spend that includes a four-week TV campaign from August, women's consumer press advertising and a 2.5 million mini sample drop.

Brand manager Caroline Philipponnet says: "Skin exfoliation has become an established part of a woman's beauty routine, with 35 per cent of all women buying into



exfoliant products on a regular basis. This is a natural progression for Dove Bar and capitalises on the exfoliation sector."

Price: 100g 69p, two-pack £1.35, four-pack £2.59

Lever Fabergé

Tel: 020 8439 6100.

Clinique launches into luxury Water therapy

Clinique Water Therapy is a new set of body products formulated with the "kind of hi-tech ingredients you'd usually save for your face".

This is Clinique's first foray into luxury body products and it has come up with a Firming Body Smoother (200ml, £21), Whipped Body Cream (200ml, £20), Hydrating Body Spray (200ml, £20), and Foot Smoothing Cream (125ml, £15).

Clinique says: "Clinique Water Therapy is designed for the body but contains the potency of the most advanced face creams. Combining the latest skincare technology, the newest ingredients and cutting-edge science, Water Therapy delivers a new wave of bodycare for the future."

For more information:

Clinique

Tel: 01730 232 566.

Passport to quality

Dedicated to passport photography, Polaroid's 125i is an instant peel-apart colour film designed for use with the company's instant document photography systems.

Polaroid says its film characteristics have been improved to create a superb portrait-quality image.

Group marketing manager Mark Farris said: "Operators will immediately appreciate the greater contrast, whiter whites and brighter, punchier

colours of 125i." The product is also claimed to dry faster and be less 'tacky' to touch than other such products.

The film becomes available this month in two pack sizes. The five-pack, containing 50 sheets of film, costs £55+VAT, while the SupaValue pack, at £205+VAT offers a bulk-price discount on 20 pouches (200 sheets).

For more information:

Polaroid

Tel 01582 632000.

HALF TIME HEALING



CUT COLD SORE HEALING TIME BY UP TO HALF^{1,2*}

Nothing works faster than Zovirax® Cold Sore Cream to treat the tingle or burst the blister of cold sores.^{1,3,4} Zovirax helps soothe pain within an hour of application⁵ and cuts cold sore healing time by up to half.^{1,2*} You and Zovirax together – what a great team.

*Compared to no treatment



aciclovir

Zovirax Cold Sore Cream Product Information
Presentation: 5% w/w aciclovir in water miscible cream base. **Uses:** Treatment of Herpes Simplex virus infections of the lips and face (cold sores). Dosage and **Administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to

an additional 5 days. **Contraindications:** Known hypersensitivity to aciclovir or propylene glycol. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Consult doctor if pregnant or breast feeding. **Side effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has

occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Legal category:** P. **Product licence number:** 00003/0304. **Product licence holder:** The Wellcome Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 g tube - £5.79; 2 g pump - £5.99. **Date of**

last revision: March 2003. Zovirax is a registered trade mark of the GlaxoSmithKline group of companies. **References:** 1. Spruance SL *et al* Antimicrob Agents Chemother 2002; **46**(7):2238-43. 2. Spruance SL Seminars in Dermatology 1992; **11**(3): 200-206. 3. Van Vloten WA *et al* J Antimicrob Chemother 1983; **12**(Suppl B): 89-93. 4. Fiddian AP *et al* Br Med J 1983; **286**: 1699-1701. 5. Data on file, GlaxoSmithKline, 2001

Hair today...

The hair removal brand formerly known as Immac is introducing a range of new products for this year.

Veet is planning to capitalise on the 'dramatic growth' the depilatories market saw last year, mainly due to new product innovation.

Particularly strong in 2002 was the wax sector and Veet is launching Ready to Use Sensitive Wax Strips targeting first-time users.

And the brand is building on the success of the Mousse it launched last year by introducing Shower Formula which focuses on convenience, offering cream users a product to incorporate into a shower beauty routine.

In response to consumer demand for moisturising qualities, Veet has enriched its Hair Removal

Cream range with 'nourishing ingredients' and the three variants are Softening Silk Extracts, Moisturising Aloe Vera and Sensitive Plus Hair Removal Cream with Sweet Almond Milk.

Following the high profile name change activity throughout March, a heavyweight £2.4 million TV advertising campaign will support the launch of Veet Sensitive Ready to Use Wax Strips and another £2.4m will focus on Veet Hair Removal Mousse.

Veet brand manager Louise Dale says: "The name change has given us a strong platform to launch this year's new product development, which focuses particularly on convenience."

Price: see C&D Price List

Reckitt Benckiser
Tel: 01793 732000.

Support for supports

Medical supplier Vulkan has launched its new season trade brochure,

supported by a six figure national advertising campaign.

The 12-page brochure covers Vulkan's range of more than 30 muscle and joint supports as well as medical equipment to treat joint and soft tissue injuries.

Aimed at pharmacists and independent sports retailers, the brochure will also be supported by a range of branded point of sale displays and consumer leaflets.



Richard Walker says: "The new season's brochure provides a one-stop guide for products and advice for pharmacies and sports stores on everything from protection and rehabilitation to drug-free relief from arthritic and rheumatic pain."

For more information:

www.vulkan.se
Mobilis Healthcare Group
Tel: 0161 678 0233.

Customers encouraged to Express themselves

Participating Fujifilm Image Service (FIS) pharmacies are being offered two free promotions to encourage customers to take advantage of high margin Express Services.

Running until May 24, the spring promotion features a top prize of a Playstation 2 games console and game for every FIS pharmacy.

Customers can win the goodies in a prize draw if they buy a one-hour Express Service.

Point of sale materials include posters, leaflets with dispenser, a prize draw box and a hanging banner.

For more information:

Fujifilm Image Service
Tel: 020 7586 5900.

Thumbs up for Avent Future Mother skincare

Parents have voted the Avent Future Mother skincare range 'Best Pampering Product' in this year's Parent Friendly Awards, run by baby charity Tommy's.

The awards were introduced to reward companies that work to reduce the stress levels of parents and parents-to-be, and comments about Avent included: "Really indulgent and relaxing" and "Full of natural goodness - really good for stretch marks."

Just added to the range is Sleep-Easy Essence, formulated to soothe mums-to-be into a more restful sleep and help relieve nausea.



Astral's link with the stars

Actress Joanna Lumley is to feature in a new television advert for Dendron's Astral which first airs on April 21.

The campaign comprises one 30-second and two 10-second spots which will run on Channel 4, Channel 5 and during the commercial breaks of GMTV. The *Ab Fab* actress, a self-confessed life-long user of Astral, extols the benefits of using the moisturising cream.

Celebrating its 50th year, Astral is launching the advertising campaign, which runs until June

15, as it rolls out new packaging to reinforce the brand's position as an all-over body moisturiser. A new 200ml pack replaces the 150ml pot, while the 50ml pot has been redesigned for greater portability.

An updated Astral logo gives a more "feminine, modern look, while the premium cues have been enhanced with a debossed 'A' featuring on the centre of the lid.

For more information:

Pip code: 200ml 290-9398; 50ml 272-5224
Dendron Ltd
Tel: 01923 229251.

TVnext week

Bonjela: C4, C5, Sat

Caligig: C4

Calpol: All areas except U

Nivea for Men Revitalising Q10: All areas

Nizoral anti-dandruff shampoo: All areas except GTV, CTV and LWT

Panadol ActiFast: U

Solpadeine: U

Syndol: All areas

Tena lady & Tena pants Discreet: All areas except U, GMTV

PharmaSite for next week: Zantac - window, Zantac - In-store, Canesten Care - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

NEW ALLER-EZE. HELP THEM KEEP IT UP THIS SUMMER.

Nothing will have a more stimulating effect on sales this summer than new pharmacy only Aller-eze Nasal Spray and Eye Drops. They couldn't be better for people who want fast, on-the-spot relief from their runny nose or streaming eyes – without feeling drowsy.

What's more, Aller-eze needn't be used continuously to be effective.

Our colourful £1.25m advertising campaign and innovative pollen count phone text messaging service will get sales going too. So stock up and keep it up with new Aller-eze Nasal Spray and Eye Drops.



From the makers of
Otrivine

ALLER-EZE NASAL SPRAY RELIEVES HAYFEVER ALL THROUGH THE DAY

ALLER-EZE[®] NASAL SPRAY

Presentation: Nasal spray containing azelastine hydrochloride 0.1% w/v. Indications: For the treatment of seasonal allergic rhinitis (e.g. hay fever) and perennial allergic rhinitis. Dosage and administration: Adults, elderly and children aged 12 and over: One application in each nostril twice daily. Not to be used continuously for longer than 4 weeks without medical advice. Not recommended for children under 5. Contraindications: Hypersensitivity to azelastine hydrochloride or azelastine hydrochloride. Precautions: Not to be used to relieve symptoms of upper respiratory tract infections. Use with caution in pregnancy and breast feeding. Side Effects: Bitter taste after administration (often due to incorrect method of administration) leading in rare cases to nausea. Rarely, symptoms of local irritation such as stinging, itching, epistaxis. Legal category: P. Trade Price and Suggested Retail Price: £3.56, £5.99. Product Licence Number: PL 0030/0201. Product Licence Holder: Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. Date of preparation: 19 November 2002.

ALLER-EZE[®] EYE DROPS

Presentation: Eye drops containing azelastine hydrochloride 0.05% w/v. Indications: For the treatment of the symptoms of seasonal and perennial allergic conjunctivitis. Dosage and administration: Adults, elderly and children over 12: one drop in each eye 2-4 times daily. Not to be used continuously for more than 4 weeks without medical advice. Not recommended for children under 12. Contraindications: Proven allergy to any of the ingredients. Precautions: Not to be used whilst wearing contact lenses. Not intended for treatment of eye infections, health professional advice should be sought if symptoms worsen or persist for more than 48 hours after treatment. Use with caution in pregnancy. Not recommended during breast feeding. Side Effects: Occasional mild transient eye irritation, less frequently bitter taste. Legal category: P. Trade Price and Suggested Retail Price: £3.56, £5.99. Product Licence Number: PL 0030/0201. Product Licence Holder: Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. Date of preparation: 19 November 2002.

Body sprays to suit all moods

Combining moisturisers and aromas, three body sprays from Nivea aim to hydrate the skin and stimulate the senses.

New Nivea Body Aroma Spritz comes in a variant to suit every mood and occasion – Calming, Energising and Refreshing.

The jewel colours of these 'caring waters' can be seen through clear spray bottles and the liquids contain active moisturisers, including glycerine.

Calming Aroma Spritz contains fragrance of iris to 'help harmonise the soul' while hamamelis calms the skin; the Energising variant contains lime to create 'a positive and optimistic vibe' and aloe vera to keep the skin in good condition; and the Refreshing version has essence of mint to revitalise the skin with sea minerals for moisturising.



Price: £5.99

Pack size: 150ml

Pip code: Calming 291-2558,
Energising 291-2533, Refreshing
291-2541

Beiersdorf

Tel: 0121 329 8800.

Silky in the shower

Three new Dove Silk Shower products have been launched with a £4 million marketing package.

The range – Softening Silk Shower, Cream Oil Bodywash and Gentle Exfoliating Body Scrub – will benefit from two bursts of TV advertising, women's consumer press advertising, PR, direct marketing, sampling and in-store activation.

The products combine Pure Silk and Dove's quarter moisturisation cream. Brand manager Holly White

says: "Lever Fabergé identified a gap in the market which is to encourage consumers to trade up to more premium products that provide them with not only the ultimate in pampering but really soft and silky skin as well."

The company has pledged a total of £38m in marketing support for the Dove brand this year.

Price: see C&D Price List

Pip code: Body 293-333/293-3307

Lever Fabergé

Tel: 020 8439 6100.

Gel shake up from Lynx

Two new Lynx products are aiming to grow the £37 million male shower market.

Lever Fabergé's Lynx Shower Shakes are being launched with a £2.5m share of the £13m marketing investment in the brand this year. The Speed and Contact variants have a combined moisturiser.

"A real eye catcher on shelf is

the combination of the two coloured liquids of the moisturiser and shower gel that need to be shaken well before use," the company says.

Price: £2.19

Pack size: 250ml

Pip code: Contact 280-5851, Speed
293-5252

Lever Fabergé,

Tel: 020 8439 6100.

Pharmacists

HELPING

Pharmacists

Rest, Relax & Recover

at Birdsgrove House

- 01335 342144

For help from the Benevolent fund for members, former members, widow/ers.

- 01323 890135 or

01926 315994

Stressed? Anxious?

then call a Listening Friend

- 020 7572 2442

Worried about your relationships with alcohol and/or drugs or someone else?

Then call the Health Support Programme on

01926 315138

Hope House is a treatment unit based at Birdsgrove House, solely for the treatment of health professionals with alcohol/drug related problems.

- 01926 315138 or

01335 342144 for details

All calls are Confidential. Services for members, supported and funded by the RPSGB Benevolent Fund.

Eucerin Extremely Dry Skin Treatment is uniquely formulated with the skin's own natural moisturiser.

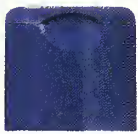
It contains 10% urea, which locks in moisture and has been developed specifically for the treatment of extremely dry skin conditions such as Atopic Eczema, Ichthyosis, and Xeroderma.

And it really works.

Clinical studies have found the moisture content of skin treated with Eucerin increased by up to 42%.*

For more information, please visit our website at www.eucerin.co.uk

Eucerin. As recommended by people who don't have dry skin.



See a lot less people complaining about dry skin.



THE MEDICAL SKINCARE PROGRAMME

Eucerin Clinical Study: Efficacy of 10% Urea in patients with Atopic Dermatitis. Source: Z Hautkr (1997) 72, 34-39.
Information relating to the GSL Licensed Eucerin® Extremely Dry Skin Treatment Cream (PL 14160/0003) and Eucerin® Extremely Dry Skin Treatment Lotion (PL 14160/0004) Eucerin® is a registered trademark. Marketing authorisation holder: Beiersdorf UK Ltd, Birmingham, B37 7YS, UK. Active Ingredients: Urea EP 10% w/w. Directions: Apply sparingly (as a thin film) twice daily to the affected areas of the skin. Indications: For the treatment of Ichthyosis, Xeroderma, Hyperkeratosis and Atopic Eczema/Dermatitis and other dry skin conditions. Precautions: Do not use if sensitive to any of the ingredients in cream or lotion. Do not use on broken, inflamed skin. Do not apply to large areas of skin on patients with renal insufficiency. This cream or lotion could increase the penetration of some substances: such as medicines known as Corticosteroids, Dithranol or Fluorouracil. Avoid contact with the eyes or other sensitive areas. Keep out of reach of children. For external use only. Legal Category: GSL P/L 14160/0003 (Cream) GSL P/L 14160/0004 (Lotion).
Pack size and NHS prices: 250ml lotion; £4.40, 50ml cream; £3.61, 150ml cream; £8.88.

Bad news Budget for pharmacists

Anne Hutchings reports on the tax implications of the Budget



The Budget on April 9 was a rather low-key event, largely overshadowed by the war in Iraq. Many of the measures, which have come into effect this April, such as the hike in national insurance contributions, had already been announced.

How does the Budget affect pharmacists?

The bad news is that, because of the increased national insurance, frozen personal allowances and council tax rises for most home owners, many pharmacists are likely to be worse off.

A typical family will be several hundred pounds out of pocket for this tax year. Retail pharmacists face a double whammy – not only

is their own spendable income reduced but so is that of their customers, causing concern over future consumer spending.

The good news is that, with prudent planning and careful use of the legislation, it is still possible for pharmacists to minimise their tax liabilities.

This article will concentrate on some of the specific changes being implemented this year and how these affect pharmacists.

Family bonuses

The new child tax credit will benefit many pharmacists. It applies to parents of children up to the age of 18 (providing they are still in full-time education). It is means tested but the income

levels are quite generous. For example, parents earning up to £58,000 per annum in total can claim £10.40 per week. It is estimated that 90 per cent of families will be eligible for this new credit.

Tip – Claims can only be backdated for up to three months, so prompt action should be taken to claim for the current tax year, the deadline being July 5. Entitlement to credits can be established on the website, where a claim can be lodged. www.inlandrevenue.gov.uk/taxcredits

Another small bonus for families is the new baby bond. All babies born after August 31 2002 will start life with a contribution

of at least £250 to a child trust fund. The fund runs until the age of 18 and relatives can contribute up to £1,000 a year.

Inheritance tax

The Chancellor disappointed many people by only raising the inheritance tax limit by £5,000 to just £255,000. Many pharmacists will be caught in this tax net. The huge rises in property prices in recent years will take many estates well over the £255,000 limit.

Tip – Inheritance tax planning need not be very complicated or expensive. Many may find the making of a tax efficient Will coupled with an inexpensive life policy can remove the potential liability completely.

PACKS

Solpadeine's powerful new TV ad is about to break.

Be prepared for action.

Throbbing headache, backache, period pain and even migraine. With the painkilling strength of codeine and paracetamol, enhanced by the action of caffeine*, Solpadeine gives you the power to hit pain where it hurts.

No wonder it's the UK's No.1 selling pharmacy-only pain reliever.



Paracetamol, codeine, caffeine

POWER TO HIT PAIN WHERE IT HURTS

Higher tax for company cars

Employees who are directors of their own companies and have a company car will face higher tax bills. A new system introduced just over a year ago was based on carbon dioxide emissions. The higher the emissions the higher the tax bill. Now the regime has been tightened and the Chancellor announced further tax increases for the future.

Tip – Consider cars with low CO₂ emissions. As the tax is also based on original list price, the lower this is the better. If the company pays for private fuel this is also a taxable benefit. Generally it will be cheaper for employees to pay for their own private fuel. In some cases it may be cheaper to own the car personally and claim a mileage allowance from the company.

Extended tax allowance for computers

Those thinking of buying computers and associated equipment should do so before March 31, 2004 as a 100 per cent tax write off can be claimed by small businesses in the year of purchase. This concession was due to end on March 31, 2003 but it has been extended for a year.

Stamp duty

The current stamp duty rates on commercial and residential properties have been frozen. The stamp duty threshold for commercial properties will be increased to £150,000 from December 1, 2003. This will be welcome news for pharmacists intending to buy a commercial property. But what the Chancellor gives with one hand he seems to take away with the other. From December 1, 2003 he has proposed an increase in stamp duty for commercial property leases. The charge will be 1 per cent on the net present value of the total rent payments due over the term of the lease discounted for inflation. Small retail pharmacies are likely to be under the limit but it is certainly likely to affect the larger retail outlets.

Domicile

There will be a review of the domicile rules. This will be of particular relevance to pharmacists whose families originally came from overseas, allowing them to claim a non-UK domicile status and structure their assets tax effectively offshore. For pharmacists who could

Business tax and employment

Employed and self-employed pharmacists will feel the effect of the increase in national insurance contributions from April 6.

National Insurance

Employee	Tax year 2002/2003	Tax year 2003/2004	Annual increase
Earnings			
£25,000	£2,037	£2,241	£204
£40,000	£2,580	£2,986	£406
£70,000	£2,580	£3,286	£706
Self-employed			
Earnings			
£25,000	£1,531	£1,735	£204
£40,000	£1,910	£2,301	£391
£70,000	£1,910	£2,601	£691

In addition employers will have increased employers contributions for their employees. For example, a pharmacist with four assistants paid £10,000pa each will have to pay an additional £215pa.

Tip – If you are a sole trader or partnership all the self-employed national insurance contributions could be avoided by converting the business to a limited company. A minimal salary under the threshold can be paid and the balance of income taken in the form of dividends. Employers can avoid paying national insurance on their employees' wages by employing part-time workers earning under £89 per week.

claim non-domicile under the current rules it may be worth considering taking action now in the hope that any changes in legislation will not be retrospective. But this is a gamble. The Budget serves as a timely reminder for pharmacists who are self-employed or operating

through a company to review their tax position and take positive action to reduce their tax bills. ☺

Anne Hutchings, Hutchings & Co. Specialist accountants and tax consultants for retail pharmacists Tel: 01494 722224 www.pharmacyexperts.com



Codeine Capsules, Solpadeine Soluble Tablets, Solpadeine Tablets Presentation: Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Hemihydrate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. Uses: migraine, headache, backache, rheumatic pain, period pains, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza. Dosage and administration: Adults and children, 12 years and over: Two capsules/tablets up to four times daily, at intervals of less than 4 hours. Not more than 8 capsules/tablets in 24 hours. Children under 12 years: Not recommended. Soluble tablets must be dissolved in water before taking. Do not exceed the stated dose. Do not take for more than 3 days without consulting a doctor. Contraindications: Known hypersensitivity to ingredients. Precautions: Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing products. Avoid in pregnancy unless advised by a doctor. Not contraindicated in breast feeding. Sufferers from persistent headache should consult a doctor. Solpadeine Soluble: tablet contains 427 mg of sodium – caution with salt restricted diet. Side effects: Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness. Overdosage: immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. Legal category: PCD1. Product licence number: Capsules: 0071/0186, Soluble Tablets: 0071/5091, Tablets: 0071/0396. Product licence holder: SmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: 12 capsules £2.19, 24 capsules £3.99, 32 capsules £4.89; 12 soluble £2.39, 24 soluble £4.19; 60 soluble £7.55; 12 tablets £2.09, 24 tablets £3.89, 32 tablets £4.69. Date of last revision: Oct 2002. Solpadeine is a trademark. *Clinical Pharmacology & Therapeutics, Vol 56, No 5, p576-586, Migliardi et al 1994. *IRI Infocscan February 2003.

On your marks...

We asked the 18 candidates standing for election to the RPSGB's Council a series of questions to find out their views on the key issues affecting pharmacy. Each candidate was given the chance to answer up to three of the questions in more detail. Here are their responses...

Hassan Argomandkhan*
Martin Astbury
Shaqil Chaudary
Pete...

1. Has the modernisation process been communicated effectively to all pharmacists?	X	X	✓	X
2. Is a new Charter necessary?	✓	✓	✓	✓
3. Do you approve of the main elements in the proposed new Charter?	✓	X	✓	✓
4. Does the proposed Charter go far enough in promoting the public interest compared to the members' interest	✓	✓	✓	✓
5. Are you in favour of the proposed new make up of a modernised Council?	X	X	✓	✓
6. Do you think the modernisation plans for devolved regions are appropriate?	X	X	✓	✓
7. Has the Society done enough to make Society and Council expenses sufficiently transparent?	X	✓	✓	✓
8. Does the Society represent employee pharmacists appropriately?	✓	X	X	✓
9. Should the Society's inspectorate be given more powers to improve the standards of pharmacy premises?	X	✓	✓	✓
10. Is the local branch network effective in its present form?	X	X	X	X
11. Should the President be elected directly by the membership?	✓	✓	X	X
12. Should registration for overseas pharmacists be made easier to help the current workforce crisis?	X	X	X	X
13. Should pharmacy organisations join together to have one strong voice when representing the profession to government?	✓	✓	✓	✓
14. Is your glass half full or half empty?	F	F	F	F

Hassan Argomandkhan



Although you cannot argue against the need for modernisation, effective and real consultation must be allowed to take place. So far, any views opposed to the central views of the modernisation group of the Society and covert views from the Department of Health have been brushed aside as the small minority view, so minor that we are now in the process of convening a special general meeting!

On the subject of branches, regions and specially devolved countries (Scotland and Wales) there is a need for more decentralisation, effective communication together with adequate funding to carry out these devolved duties effectively.

There can be hope for the future only if the right challenges are made.

Martin Astbury



2, 3, and 4 The Society's priority role should be looking after its members' interests. Would we be going far wrong if we harmonised the Charters (regulations) governing the BMA, BDS and RPSGB?

6 Living near the Welsh border and working on both sides, I worry about the slow diversification that is taking place. I would like a standardisation of services offered from region to region and pharmacy to pharmacy.

12 The current workforce crisis will soon be rectified by the enormous number of students graduating, even before the three new colleges start to produce graduates. The reason some of us

are being paid near to what we deserve as a wage is because of this so-called pharmacist shortage crisis. At present, demand is our only wage bargaining tool. Quality of work is too often ignored. As far as I'm aware, we already have Tesco and Lloyds capping locum rates at inadequate levels with a policy of 'close if you can't get a pharmacist to work for this rate'. The pressure they put on pharmacy staff is extreme. The abuse employee pharmacists can receive after a closed period is totally unfair. It can be bad enough when you take a half an hour lunch or go to the toilet during a 12-hour working day. I dread the day when there will be an excess of pharmacists and our employers will offer us buttons.

Shaqil Chaudary



2 Bearing in mind the ever changing profession and the fact that the current Charter is 50 years old, I believe that we do need a new Charter. A variety of issues including governance, byelaw approvals by the Privy Council, and provisions relating to property all need

to be addressed. If this is not changed, the status quo will not be preserved. Ultimately this may lead to legislation effectively overwriting the Charter.

5 The newer larger Council of 29 members should be welcomed. The views of technicians and lay members will give a more balanced approach towards policy and decision making. We must also remember that a mechanism is in place to allow the composition to change, if necessary, should this skill mix not work. Ultimately the majority of the Council is still made up of pharmacists so I believe that the new Council will be representative of both the pharmacists and the public interest.

12 I believe that as a profession we need to improve our image in the public eye. While we welcome help from overseas pharmacists in a time of workforce crisis, we must ensure that our high standards are maintained. Consequently, we must have some sort of assessment of communication skills (bearing in mind the majority of these pharmacists will have English as a second language) and ensure they are up to speed with clinical governance and legislation governing the supply of medicines within the UK.

* Current Council members

William Dawson	Alison Ewing*	Bob Gartside	Gordon Geddes	Nicola Gray*	Maurice Hickey	John Jolley	Imran Kahn	Kirit Patel*	Peter Schofield	Doug Simpson	Linda Stone*	Noel Wicks	Nicholas Wood
X	X	X	X	X	X	X	X	X	X	X	X	X	X
✓	✓	?	✓	X	?	✓	✓	✓	X	✓	X	X	X
✓	X	X	✓	X	X	X	X	X	X	✓	X	X	X
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓
✓	X	X	✓	X	X	X	X	X	X	✓	X	X	X
✓	✓	?	✓	X	X	X	X	X	X	✓	X	X	X
✓	✓	X	✓	X	X	✓	✓	X	X	✓	X	✓	✓
X	X	X	✓	X	X	X	X	X	X	X	X	X	X
✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	X	✓	✓
X	X	✓	✓	✓	X	X	X	X	✓	X	✓	X	X
X	X	X	X	✓	✓	✓	X	✓	X	X	✓	X	X
X	X	X	X	?	X	X	✓	X	X	X	X	X	X
✓	✓	✓	?	✓	X	X	✓	?	X	✓	✓	✓	✓
F	F	F	F	F	F	F	F	F	F	F	F	F	F

William Dawson



5 The regulatory function of Council requires lay members. The pharmacist component will be in the majority and should include the important but minority strands of our profession. Industrial, academic and primary care pharmacists are examples of groups who are unlikely to achieve electoral success in the current system and whose contributions to wider debates on the future of the profession would be valuable. It is not acceptable that our future is decided by any group with the electoral 'clout' to elect Council members with exclusively sectoral views.

13 Pharmacy must present a unified case to government but it is essential that it is not biased by a particular sectoral agenda. Any position must reflect the wider issues and development of the profession as a whole and I see little evidence of coherence between the pharmacy organisations.

1 and 10 While recognising that modernisation is a complex topic the overall communication programme by Council has been less effective. A programme to revitalise branch involvement is crucial. The new infrastructure is a great start but I don't sense commitment to try to involve the less active members.

Alison Ewing



Make no mistake – there is no choice but to change the way the RPSGB operates now. Whether we do it our way or the Government's, it is the only option. Communication with members about the process could have been clearer. Much more information is available at the modernisation meetings, which members need to attend to ask questions – it is not a secret!

I want the best possible solution for the profession and have no wish to see the demise of the Society – especially its professional representational role. A new Charter gives opportunities to reinforce this role as well as ensure quality. I am a pharmacist too, and care passionately about the profession. We will work with

Government, not for it! There must be a loud voice for pharmacy at the highest levels to get the Government to hear. This will promote what we do best – safely managing medicines, but being recognised and rewarded for it.

Peter Curphey



1 At such a vital time for modernisation of both the profession and the professional body it is a huge disappointment to read and hear of the consternation among certain sections of the membership.

With hindsight, the Council appears to have

failed to convince some, despite the encouragement of the consultation, of the real safeguards and care it has taken to strengthen our professional body in terms of advocacy and professional leadership of pharmacists. Generally that would be considered to be a failure of communication! Additionally there are those whose agenda is much more naive and/or sinister and no communication could hope to reach them. A frankly better informed and unanimous Council acting on the results of consultation with members has made a series of good decisions based on best evidence and crystal clear advice. Somehow that ought to have been communicated in an acceptable way and it's called leadership.

5 I believe that a newly constituted Council, in line with the explicit requirements of the NHS plans, and clearly acting under the control of pharmacists in the best interests of the public is a good solution to necessary demands for change in every health profession.

7 The appropriate way for the Society to represent employee pharmacists is as pharmacists. It is for others to represent them as employees, it is simply not the role of the Society.

Bob Gartside



The Society has been gravely hampered over the years because detail in its Charter has meant it has been unable to ensure that pharmacy has practised under the best conditions to safeguard the interests of both the public and the members. It is said that the proposed new Charter is no

better than the old in this respect. A new Charter could be written which gave the Society power to make sure that pharmacists and pharmacies operate in good, safe, working conditions. It is unlikely that the present Council will produce such a Charter.

There is no need to restructure the Council. The present Statutory Committee is virtually 'at arm's length' from the Society and has a lawyer chairman and lay members. Its membership could surely be adjusted to comply with government requirements for regulatory bodies.

The Society has also the more important function of representing its members. The fear must be that greater lay membership on Council will detract from it as a representative body. In the long term, a membership body which ceases to represent its members is not viable because the members will replace it. This is the great danger on the present proposals which may destroy trust between the members and their Society.

Gordon Geddes



1 It is not practical to say that a new Charter is necessary until the consultation process has been completed. The status quo must be an option. The proposed new Charter, which I understand has not been approved by Council, appears to go too far in promoting the interests of the public over those of the profession. Surely there is a form of words which will satisfy all parties?

Isn't part of being a member of a profession having regard to the public interest beyond pecuniary gain? Judging by the reaction of the 'X-men' (ex Council members, presidents, editors etc) the modernisation process has not been effectively communicated to all members.

9 I thoroughly agree that the Society's inspectorate should be given more powers to improve the standards of pharmacy premises. The present powers are extremely limited. A major improvement in premises standards would do more for the image of community than the provision of extended and specialised services by a few.

14 Has someone been on a feng shui course? As a pharmacist I can only measure what is present. Thus my glass is half full.

Maurice Hickey



1 I believe the new Charter will have the effect of converting the Society into a quango. This, or a subsequent government might then seek to use this quango to enforce unwanted change on ordinary pharmacists. They will then discover they have lost all their assets, all their formal representation and they will be powerless to resist any change, desirable or otherwise.

Does anyone actually know what individual members of Council believe in, how they vote, or if they support the new Charter? In each case the answer is no. This needs to change.

Under devolution, different pharmaceutical models are developing in the constituent UK countries. Now is the time to change the structure of the Society to reflect modern political reality.

The Welsh and Scottish departments should be given full fiscal autonomy, with Lambeth becoming the headquarters of the English department.

The three new national Councils should have equality. Matters reserved to Westminster could be dealt with by a supra-national Council, consisting of members of each national body meeting quarterly and on rotation in the respective national headquarters. What the new Charter offers us instead is a greater centralisation. This is unacceptable.

Imran Khan



1 Yes, modernisation allows the ambitions of pharmacists to be fulfilled. Has this process been effectively communicated? Until now, only in the form of an annual bill or a weekly journal. Changing the Charter is worthwhile only if it leans towards members.

Public interest is necessary but not at the expense of members. The Society needs to examine the failure to represent members, without whom it is nothing. We must not convert a membership organisation into a

government quango.

11 Local branches need more funding, not cuts. They are ideally placed to empower and support pharmacists.

12 Does pharmacy need one voice? Unity of purpose is more important than merger. Our representative bodies need to send the Government a united and clear message.

Nicola Gray



10 We are fortunate to have an active national branch and regional network with so many enthusiastic volunteers.

The system is, however, under great strain. Many branch committees find it difficult to recruit new members and branch funds are often not enough to cover expenses for a year. Committees can be disappointed by low attendance for high quality meetings.

This year I have worked with the membership team to introduce more flexibility into the funding system, hoping that the extra effort needed to bid will be compensated by the targeted delivery of more funds.

I would like to continue this work, and to make sure that branches and regions are resourced properly to fulfil their much-needed future role in supporting policy formulation, CPD, and local service delivery.

13 I believe that sometimes it's better to have one voice, and sometimes it's better to present different perspectives on a problem to government. It's unrealistic to expect the pharmacy bodies to concur on all issues.

John Jolley

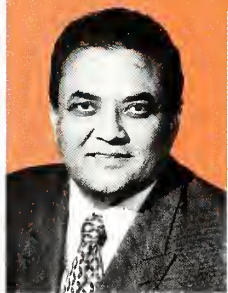


I am totally committed to reform, some of the changes made in the name of modernisation, and to preserving our Society as a professional association. I can no longer stand by while the current council systematically disenfranchises large groups of registered pharmacists to satisfy its aspiration to becoming a registration authority.

There are many new opportunities for pharmacists which require professional promotion at national level – an activity that we have not seen from our Society for many years. I am open minded as to the need for a new Charter, but I am certain that we do not need the one proposed, with many modernisation changes which pharmacists do not want.

I am not in favour of the proposed make-up of the Council and support the Council and the campaign to 'Save our Society', as do six other candidates. Your vote for all seven will ensure we can make the changes to return control of our Society to the membership, where it rightfully belongs.

Kirit Patel



3 It is important that any new Charter addresses the interests of the membership and not just those of the public interest alone. I strongly believe the magic words are 'support' and 'protection' of the membership and must be included in any new Charter.

The current draft Charter falls well short of what I believe would be acceptable and would be acceptable to the membership and I have expressed strong concerns to the Council at its last meeting.

7 With regards to the transparency of the Society and Council members expenses, I believe that in the current year as treasurer I have helped address these concerns. The annual accounts for the current year will show a greatly improved financial position and a vastly reduced cost base.

The cash deposit of the Society went up from £1m to £5m in my current year as treasurer. The financial affairs of the Society can no longer be deemed to be in disarray.

10 The current branch network costs well over half a million per annum to run, and as treasurer I find it hard to justify this cost. The branch network needs to deliver better value for money, as well as encompassing far more people at grass roots than it currently does.

Peter Schofield



1 We must never find ourselves in such a mess again! If the modernisation process had been handled in an open and democratic manner and members' legitimate interests properly addressed, much valuable time could have been saved and used to far better purpose. What has been

shown is that those currently in power at Lambeth will go to any lengths to get their own way.

3 The new Charter must be robust in protecting members' interests and assets; it must bring openness and democracy to Council proceedings; and it must explicitly confirm that the primary function of the Society is to represent every member of the pharmacy profession. Any future substantial change must have the overwhelming agreement of its members.

It must prevent any future disgraceful attempt to deliver the Society and its assets neatly packaged to the Government.

4 The Society must remain wholly controlled by pharmacists and retain the ability to represent our legitimate interests. While it would be unfortunate if the Government (as final arbiter of the public interest) insisted upon a separate regulator, I passionately uphold that we must 'Save our Society' and retain a pharmacist-controlled representative body.

Doug Simpson



I am standing for the Council because I want to see the Society's role as a professional association maintained with full vigour. This is why I support the 'Save our Society' campaign.

The Society should continue to be the voice of pharmacy. This has been forgotten as those at the top in Lambeth have positioned the Society only to represent the public interest as a regulatory body. The proposed new Charter would consolidate this wrong-headed approach. There is not much wrong with the present Charter. I am not convinced that a new one is necessary.

The Society should have a federal structure that does not give regulation ascendancy over the professional association role.

There should be an appropriate balance between the two functions. This is the outcome for which I will be striving. The more candidates elected who hold the same view, the more likely that outcome is to be achieved.

Linda Stone



A new Charter is essential to safeguard the Society's membership and representative roles and ensure that professional leadership is preserved. Every member must take the opportunity to make their views heard, and the Council must take into account the outcome of the consultation as it develops the final proposals. We all share responsibility for ensuring that a new Charter enables the Society to develop the profession in the coming years.

10 The branch network is significantly under-resourced. This undermines the potential to be effective and must be redressed.

11 New entrants to our profession are educated to MPharm level to ensure they can safely deliver high quality patient care and fulfil 'new roles', not least pharmacist prescribing. This is augmented by a period of pre-registration training. Allowing any pharmacists to register with a lesser standard undermines much we have fought to achieve and potentially compromises patient safety.

Noel Wicks



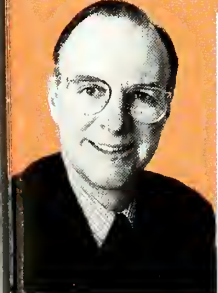
1 The Society's modernisation process is inevitable given the current political climate. As a 'coalface' pharmacist I often feel the Society has little impact upon my professional life unless it's paying retention fees. I want to ensure that modernisation leads us to a future that corresponds with the membership's wishes, not just Government imperative.

3 The professional and membership functions of the Society must have equal prominence to that of protecting the public interest. Our

Charter needs to be explicit about both. This should be determined in consultation with the members and approved through a referendum.

5 I don't believe the current proposals for Council will best serve the membership. I and six others intend to 'Save Our Society'.

Nicholas Wood



The Society's current Charter promotes and safeguards the interests of members. The Society has done a superb job of regulating the profession. Even if we need a new Charter, which I doubt, it must be drafted to properly represent pharmacists and to maintain the Society's prime role of promoting their professional interests. The branches need to be encouraged and targeted support given to help them. Similarly, support needs to be returned to the special interest groups such as the

Industrial Group. However, a new focus is needed for community pharmacy, especially for employees. The Community Pharmacy Group has failed and a new body is needed. A strong and united voice is required and a forum including NPA, PSNC, Scottish, Welsh, employee and locum interests should be instituted.

Samuel Eden

Station Road, Sutton-in Ashfield,
Notts NG17 5FO

Son Ltd

Xstatic silver protection socks



Xstatic is permanent and performance does not diminish over time.

Silver is one of the softest substances and **Xstatic** is made with pure silver, a naturally occurring element. There are no chemicals and no fear of toxicity for the consumer.

Xstatic eliminates 99.9% of bacteria in less than one hour of exposure. Most antimicrobial products test over 48 hours and still do not reach this level of effectiveness.

The hotter and wetter the environment, the more effective **Xstatic** becomes. This is perfect, because bacteria are more prevalent in this environment.

Wearing compression hosiery can help prevent the risk of circulatory problems including Deep Vein Thrombosis. There is significant reduction of swelling and relief from tired legs.

Tel 01623 446400

www.socksonline.co.uk

Fax 01623 446500

E-mail sales@samueleden.co.uk

NRT in pole position

It will be interesting to see whether nicotine replacement therapy will triumph over tobacco at this weekend's Grand Prix at Imola, and not just because this is the first time an NRT branded car has raced on the Formula One circuit.

It will also be a test of whether NRT advertising can make as much of an impact on the F1 audience as tobacco advertising.

The GSK deal to sponsor the BMW Williams F1 team runs throughout the European leg of the Grand Prix until the end of the season in Japan on October 12. UK fans can see the team at Silverstone on July 20.

And, although GSK is keeping the value of the deal under wraps, the company does believe this is its biggest sponsorship deal to date, and is already considering repeating the exercise next year.

Formula One, with TV viewing figures that sometimes top 350 million per race, is one of Europe's biggest TV events, so the potential impact for both NiQuitin and worldwide smoking cessation treatments is immense. If No Smoking Day is anything to go by, then as many as one million extra smokers could be encouraged to quit as a result.

As Neil McCrae, GSK's director of communications for consumer healthcare (Europe), says: "Smoking has had a cool image for many years and our aim is to make living without tobacco cool as well."

"The Formula One deal will allow us to inspire hundreds of millions of smokers who have been bombarded with pro-tobacco messages for decades, as well as making the NiQuitin CQ brand more aspirational."

Until the proposed EU ban on tobacco sponsorship of F1 comes into effect in 2005, GSK will have to fight hard for viewers' attention; around a third of all UK tobacco promotional expenditure is currently associated with Formula One. In total, the tobacco industry invests between £200m and £300m a year on sports-related sponsorship and this year half the 10 competing teams will be relying on tobacco sponsorship. For its part, BMW Williams maintains an anti-smoking stance and has not accepted the industry's money since 2000.

Over the next few years, however, tobacco suppliers will find it increasingly hard to advertise their wares anywhere in the EU. In

With tobacco sponsorship of Formula One due to end in two year's time, Ailsa Colquhoun asks: Will NRT become the new replacement sponsor for Formula One?



the UK, from May 14, tobacco promotions and direct mail are joining print and billboard advertising on the list of banned mediums for tobacco advertising. Next year, brand-sharing plus branded accessories and merchandise will go.

In 2005, the year of the proposed F1 tobacco sponsorship ban, there are also plans to enact an EU ban on tobacco advertising in newspapers, magazines, radio and on the internet. In 2006, the EU hopes to extend the F1 ban to all sports.

By 2008, there will be no tobacco advertising, promotion or sponsorship at all, when the World Health Organisation framework convention on tobacco control, signed in February this year, comes into effect.

With a 35-year relationship behind them, Formula One and its tobacco suppliers go back a long way, and F1 is not prepared to lose its major sponsor quietly: this year, F1's representative body, the Federation Internationale de l'Automobile (FIA) has challenged the EU's proposed 2005 ban.

Arguing for the ban to stand, anti-smoking group Action on Smoking and Health (ASH) believes that tobacco advertising and promotion increases consumption by:

- encouraging smokers to smoke more
- reducing smokers' motivation to quit
- encouraging former smokers to resume
- discouraging full and open discussion of the hazards of smoking as a result of media dependence on advertising revenues
- muting opposition to controls on tobacco as a result of the dependence of organisations receiving sponsorship from tobacco companies
- creating, through the ubiquity of advertising, sponsorship, etc, an environment in which

tobacco is seen as familiar and acceptable and the warnings about its health are undermined.

It voices particular concerns about the effect of advertising on children or young adults and cites surveys showing that teenage boys who are fans of motor sport are twice as likely to smoke as those who are not.

ASH says: "Tobacco advertising through F1 enhances the image of smoking as an adult rite of passage by strongly associating tobacco with another important adult symbol – driving."

In its evidence to the FIA regarding the impact of tobacco sponsorship on smoking, ASH says that, as Formula One is an effective and heavily-used vehicle for tobacco advertising, it is reasonable to assume that if general tobacco advertising increases consumption then so does advertising through Formula One sponsorship.

The UK Government goes further and its chief Department of Health economic adviser concludes that, in four countries banning advertising, tobacco consumption fell 4 to 9 per cent – a fall that cannot be reasonably attributed to other factors. A 7 per cent reduction in smoking rates would mean saving 35,000 premature tobacco-related deaths each year in the long-term.

On current trends, the worldwide premature death toll from tobacco is likely to reach 10 million per year by 2030, so even a 1 per cent variation in global tobacco consumption attributable to tobacco advertising is worth the fight.

BMW Williams' team goes into the Imola race with high expectations, having produced competitive performances in the past three races. Interestingly, none of its drivers smoke.

But, even if a tobacco supplier does win the battle at Imola this weekend, the war against smoking is still far from being won. ☹

Classifiedads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.

General classified £18.00 P.S.C.C. + VAT minimum 3x2.

Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication.

Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.

Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>



All major credit cards accepted

Appointments

A move to larger premises will put Anthony's at the forefront of Community Pharmacy in East London. This development is very exciting for us but we know we are only as good as our staff, and with the expansion, we have some important posts to fill.

DISPENSARY ASSISTANT/TECHNICIAN(S) FULL and/or PART TIME.

Applicants should be educated to at least A Level in science subjects. As well as preparation of prescriptions, the work will involve stock organisation and the specialised packaging of medicines for Nursing Homes. Those without it will be expected to train for the Pharmacy Technician NVQ.

SALES ASSISTANT(S) FULL and/or PART TIME.

Candidates will be expected to be self-confident, have a pleasant polite manner, enjoy working with the public and able to show how they will help us to build our business. The work will mainly involve working at the till and directing and guiding customers. Those without it will be expected to train for the Pharmacy Counter Staff NVQ.

ANTHONY'S PHARMACY LTD

815-817 Romford Road,

Manor Park,

LONDON E12 6EA

020 8478 3669 Tel

020 8478 8821 Fax

mail@anthonypharmacy.co.uk

anthony's
pharmacy

Vacancies for Pharmacy Staff Ruislip, Middlesex, and London W1.

1. **Dispenser** required for Ruislip branch: must be qualified, good OTC knowledge and customer service qualities essential. (F/T or P/T)
Contact Shandip on **01895 632409**

2. **OTC Staff** required for London W1 store: Experience in Skincare, Perfumery and OTC essential (F/T or P/T)

Contact Ketan on **020 7486 0580** or send details via email at enquiries@nvspharmacy.co.uk

Business wanted

NORTH WEST ENGLAND

Independent chain wishes to acquire Single Pharmacy or small Group.

Don't give up your independence, sell it on!

For a rapid decision made in the strictest confidence contact:

Gary Sawbridge Tel: **0151 494 2122** or **0780 1231615** (Mobile)

David Turner Tel: **0151 727 1437** or **0777 9791714** (Mobile)

Chemicare Health Ltd

Accountants

ATTENTION!!!

PHARMACY OWNERS WITH A TURNOVER IN EXCESS OF £500,000

We have yet to meet a pharmacist who couldn't reduce their tax bills.

"Many of our clients have saved over £10,000 per annum in tax as a result of our advice and expertise"

BUDGET REPORT 2003

See: www.pharmacyexperts.com



or contact:

Anne Hutchings

on:

Tel: 01494 722224

Hutchings & Co.

**LEADING ACCOUNTANTS &
TAX CONSULTANTS
FOR PHARMACISTS.**

Equipment for Sale

Boots MDS Trays

Nearly new, good condition in assorted colours
1000's of trays and dividers for sale.

Please call **Tariq Muhammed** on **07976 782859**
for special prices on bulk purchases.

For Sale

San Marco Performa Entro Photo mini Lab 2 years old
immaculately maintained in as new condition FSH foot print
4x3 ft. 35mm APS and enlargements up to 8" x 12" cost £45,000
plus VAT, selling for £25,000 including all ancillary
equipment and full training provided.

Ph **01367 252285**

Mr Stanley

Sellers- commission free pharmacy business sales!

www.sellyourownpharmacy.co.uk

Buyers- you cannot afford to miss out



Chartered Accountants & Tax Advisors



Does your Accountant & Tax Adviser have the PLUS factor?

Does he specialise in retail pharmacies?

TEST YOUR ACCOUNTANT

IS HE ...

YES NO

Proactive with accountancy, tax and business advice? ☐ ☐

Hardworking to come up with good tax saving & business ideas? ☐ ☐

Adding Value by cutting your tax bills, sometimes by 50%? ☐ ☐

Responsive to the challenges of tomorrow? ☐ ☐

Motivational & inspiring so that you can grow your business? ☐ ☐

Approachable & friendly so as to develop a long-term relationship? ☐ ☐

Courteous & committed to giving you only the best service? ☐ ☐

Yearning to help you with compliance work such as audit, accounts, tax returns, bookkeeping, VAT, and payroll **AT A FIXED PRICE** – so that you can concentrate on the important matters, i.e. your family and your business? ☐ ☐

If your answers are mainly NO, you need our services **URGENTLY**. Call Umesh or Jay for more information or for a **FREE** consultation on the numbers below:



modiplus+
ADDING VALUE

LONDON: Umesh 020 7433 1513

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

SPECIALIST CHARTERED ACCOUNTANTS AND CHARTERED TAX ADVISERS TO RETAIL PHARMACIES

Locums



PHARMACYLOCUM.NET

Number 1 Choice for Locums online

WWW.PHARMACYLOCUM.NET

**FOR LOCUMS SEEKING WORK
FOR PHARMACIES SEEKING LOCUMS**

**A WEBSITE DESIGNED TO BRING
TOGETHER PHARMACISTS AND
LOCUMS WHENEVER AND
WHEREVER NEEDED**

**THE LOCUM WEBSITE CREATED BY A
PHARMACIST FOR ALL PHARMACIES**

Products and services

Mashco Plc

PHOTO, ELECTRICAL & PERFUMES

**AS LOW AS
£1.88 NET!**

**BUY 20 GET 5 FOC
NET £1.88 WITH FOC PRODUCT**

**BUY 10 GET 2 FOC
NET £1.95 WITH FOC PRODUCT**



XPRESS CAM

Disposable Camera with Flash

CODE: MASFUNFLASH

SSP: £4.99 to £2.99 WITH FOC PRODUCT

NET: £2.35

IP: £2.41

BUY 10 GET 1 FOC

KODAK

Disposable Camera with Flash

CODE: KODFUNFLASH

SSP: £8.99 to £5.99

NET: £4.30

IP: £4.41

NET: £3.90 WITH FOC PRODUCT



TEL: 020-8204-2224 EMAIL: sales@mashcoplc.com FAX: 020-8204 0224
E60E NET PRICES ARE AFTER SETTLEMENT DISCOUNT OF 2.5%. GOODS SUBJECT TO AVAILABILITY

FREE LEGAL ADVICE



Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – phamlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

Products and services

CAMRX

PHARMACY DEVELOPMENT GROUP

*How often do you hear yourself saying
"No I haven't joined CAMRX
- I've been meaning to!"*

For further details
please call Pauline on

FREEPHONE 0800 526074

✓	55 Plus Suppliers
✓	Unique profit share scheme
✓	Competitively priced Generics and PT's
✓	Central payment system
✓	OTC promotions
✓	4 Months Free of Charge Membership

R L Hindocha MRPharmS
54/66 Silver Street
Whitwick
Leicestershire LE67 5ET



SIGMA PHARMACEUTICALS PLC

FREEPHONE 0800 59 74462

FREEFAX 0800 59 74439

NOW AVAILABLE FROM SIGMA

Epsom Salts

100gm/200gm/1.5kg/3kg

Sodium Bicarbonate

100gm/200gm

Peppermint Oil 10ml

Peppermint Concentrate 10ml

All Available in Singles

Tel: 01923 444999

Fax: 01923 444998

email: info@sigpharm.co.uk

The Lavender Wheatbag

**A natural safe re-useable compress for
hot or cold use.**

for more information

**The Original Wheatbag
Company Ltd**

PO Box 437, Woking,

Surrey, GU21 4FU

Tel: 01483 598483

Fax: 01276 855564

E-mail: info@wheatbag.com

www.wheatbag.com



P.O.S & Merchandising Products

FROM STOCK

- Full range
- Bespoke & standard items
- 24 hour delivery

SELF ADHESIVE EUROSLOT

HANG STRIP

LEAFLET DISPENSER

BOTTLE HANGER

HANGING HOOKS & PADS

WOBBLERS

SAVE SPECIAL OFFER

EPOS TAGS

INDEX PLASTICS LIMITED

Tel: 01256 843 844
www.indexplastics.co.uk
Fax: 01256 843 367
E-mail: sales@indexplastics.co.uk

METROSA GEL 0.75% 40g

Metronidazole Gel 0.75% 40g

Maximise your profits by dispensing **Metrosa Gel** for all of your generic metronidazole gel 0.75% 40g prescriptions. With a reimbursement price of £19.90, equivalent to the leading brand of metronidazole gel, **Metrosa Gel** can offer an excellent profit opportunity. For your nearest stockist and the latest special offer price contact:

Linderma Ltd,
Canon Bridge House,
Canon Bridge,
Madley,
Herefordshire,
HR2 9JF

telephone: 01981 250 124

fax: 01981 251 412

e-mail: linderma@virgin.net

Also available from:

AAH Pharmaceuticals Ltd
East Anglian Pharmaceuticals Limited
DE Pharmaceuticals Limited
Coopercare Trading Ltd
GD Cooper and Co Limited
F Maltby & Sons Ltd
Lexon UK Limited
Dowelhurst Limited
Colorama Pharmaceuticals Limited
Unichem plc
Phoenix Healthcare Distribution Ltd
Sangers, Northern Ireland
M&A pharmachem Ltd

Linderma making a difference in dermatology

CPL Aromas has made four appointments in its global business development teams.

Dawn Allen is senior analyst in the UK, joining with seven years experience at Robertet and Quintessence. **Peter Obermeyer** becomes vice-president, business development in the USA, **German Ronderos** joins CPL Aromas Colombia as marketing and sales manager, and **Vian Lo**, who has a degree in perfumery from Plymouth, is made business co-ordinator in the Hong Kong HQ.

Classy classic

The 2003 NTL Classic Tournament will be held on September 27/28 and qualifying rounds have been lined up around the country.

The dates are: Wales and North West – Llangollen GC, May 15; South and South West – Finchley GC, June 4; Northern Ireland – Belvoir Park GC, June 5; Midlands and North – Newcastle-under-Lyme GC, June 11; Scotland – Blairgowrie GC, June 18; South West – Woodbury Park, June 25.

The competition is open to all NTL/Phoenix customers and Numark members. Entry forms are available by telephoning 01827 841261.

A new face and a promotion

We have some changes to announce in the editorial team here at *C&D*.

Sasa Jankovic has been appointed our new business editor, while long suffering news reporter Gary Paragpuri is promoted to news editor.

Sasa (pronounced Sasha) joins the magazine from another CMP Information weekly title, *Printing World*, where she was news editor. She has also worked on other business to business magazines and early on in her career was a customer advisor at a health and diet centre. Ancient Greek is included among her A levels.

Gary joined *C&D* in 2001, having worked as a community pharmacist since qualifying in 1988.

A graduate of Chelsea School of Pharmacy, now King's, he plays a mean squash game.

Sasa will be responsible for news relating in particular to the pharmaceutical industry, wholesalers, retailing and other business



Day one in their new jobs at *C&D* for Sasa and Gary

matters. She can be contacted on: sjankovic@cmpinformation.com.

Gary's main areas of news interest will include the pharmacy profession, practice, politics and the NHS. He can be contacted on:

gparagpuri@cmpinformation.com.

Pharmaceutical Journal has Clare on the run

Clare Bellingham, 27, senior staff editor at rival comic *The Pharmaceutical Journal*, ran the London Marathon in four hours and 27 minutes.

While most of us were lounging around on Sunday watching the run from the comfort of home, Clare was pounding the streets of London in an effort to raise money for the National Missing Persons Helpline, her chosen charity.

Clare said her first marathon was also going to be her last. "I enjoyed it – but it's not to be repeated," she said.

The worst part of the race came around mile 20. "It was really hard going because of the heat." However, the cheering crowds made all the difference.

"I know it sounds corny but they really do give you a lift," she said.

Still, the sunburn and the blisters are a small price to pay – Clare raised over £1,400 for the National Missing Persons Helpline. It's not too late to donate. However, however, you would still welcome



Jonathan Buisson

donations, sent to her at the P7, 1 Lambeth High Street, London SE1 7JN. Please make cheques payable to the National Missing Persons Helpline.

Did you run the marathon, or do you know someone in the world of pharmacy who did? E-mail your story to: chemdrug@cmpinformation.com

Government support for medicines as prizes

Fret not, the headline comes with the proviso that the government in question is that of the United States.

Yes, the delights of junk e-mails have highlighted a new way for the State to glean information and challenge the ethics of medicines supply. An organisation called the American Prescription Insurance Advocacy Group says it has been engaged to help the US Government learn more about the prescription medicine insurance needs of Americans.

The aim is to take cumulative results to the IUS Congressional

Committee responsible for legislating healthcare entitlements.

So far so good. But then it says: "For taking time to complete this survey, you will automatically be entered into a sweepstake for a chance to win cash to cover the cost of your prescription medicines for one year (up to \$5,000)."

One wonders if the Prescription Pricing Authority would ever do something similar. Winning an annual pre-payment certificate just doesn't seem to carry quite the same kudos.

On the crest of a wave

Diabetic skipper John Dennis, who was being sponsored by Bayer in the Around Alone yacht race, has had to pull out – but is still determined to complete the course. This week he set off to follow the competing boats on the final leg of the 33,000 mile voyage which ends in Newport, Rhode Island.

John had to pull out in Cape Town after technical difficulties put him several days behind. But

he carried on and is now sailing with a second crew member, Bayer's European marketing manager for diagnostics, Martyn Wadsworth.

The first and only skipper with diabetes ever to enter the gruelling contest finished the first leg from New York City to Torbay in fourth place in his 50ft yacht *Ascensia*, named in honour of Bayer.

The race is expected to finish on or about May 10.

The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 10,000 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 14 distance learning modules are accredited by the College of Pharmacy Practice.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.





Pharmacist _____

Pharmacy _____

Address _____

Post Code _____

Telephone _____

Fax _____

Course registration fee of £35.25 per person

Name	£
Name	£
Name	£
Name	£
Sub total	£

Please include () sets of modules at £23.50 each

Total	£
-------	---

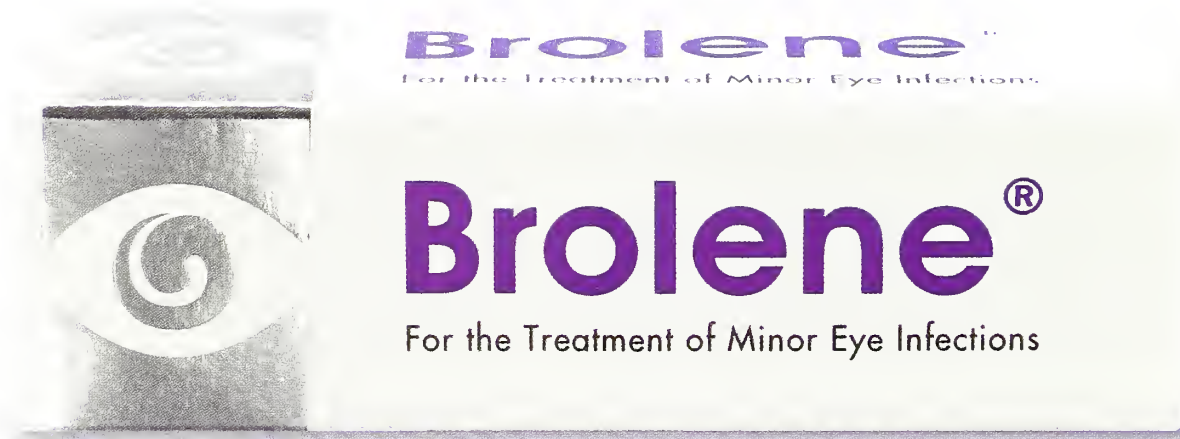
All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

This data may also be used by CMP Europe Ltd or CMP Information Ltd and shared with any member of the United Business Media group world-wide, associated companies and subsidiaries for the purposes of customer information, direct marketing or publication. Data may also be made available to external parties on a list rental or lease basis for purposes of direct marketing. If you do not wish data to be made available to external parties on a list rental or lease basis, please write to the Data Protection Co-ordinator, CMP Information Ltd, Dept [CDM650], FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357.

EFF_CAC_OUS



Thank you for putting in the eyes

Thanks to you, your customers can rest assured they are using the best selling treatment for minor eye infections¹. Brolene remains the brand of choice for conditions such as bacterial conjunctivitis, with over fifty percent of

pharmacists recommending Brolene and almost a third of customers requesting Brolene by name². To stock up on the number one brand call 023 9222 2500 or your Chemist Brokers Healthcare representative.

© 2003 Aventis. 1. JIM, October 2002. 2. NOP November 2001.

DESCRIPTION INFORMATION: Presentations: Eye Drops containing Propamidine Isethionate 0.1% w/v. Eye Ointment containing Dibromopropamidine Isethionate 0.15% w/v. Indications: Treatment of minor eye infections. **Dosage & Administration in Adults (including the elderly) and Children:** Eye Drops: One or two drops applied topically up to four times daily. Eye Ointment: Apply once or twice daily into the eye. **Contraindications:** Hypersensitivity to ingredients. **Precautions and Warnings:** Blurring of vision may occur on instillation. Patient should not operate machinery until vision is clear. If vision becomes disturbed, symptoms become worse or no significant improvement occurs after two days use, treatment should be discontinued and medical advice obtained. Eye drops are unsuitable for use with hard or soft contact lenses. **Pregnancy:** Should not be used during pregnancy or lactation unless considered essential by a doctor. **Adverse Effects:** Hypersensitivity. **Legal Category:** P. **Pharmaceutical Precautions:** Store below 25°C. Eye drops should be discarded 28 days after first opening (bottle and applicator). Eye ointment should be discarded 28 days after opening. **Eye Drops** Retail Price £4.49 PL No 04425/0197. **Eye Ointment** Retail Price £4.69 PL No 04425/0198. **Discontinued:** March 2003. Further information is available from Aventis Pharma Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH.

Brolene
dibromopropamidine isethionate
The best selling treatment
for minor eye infections